## FEDERATED MALAY STATES

# ANNUAL REPORT

OF THE

# MEDICAL DEPARTMENT

FOR THE YEAR

1932



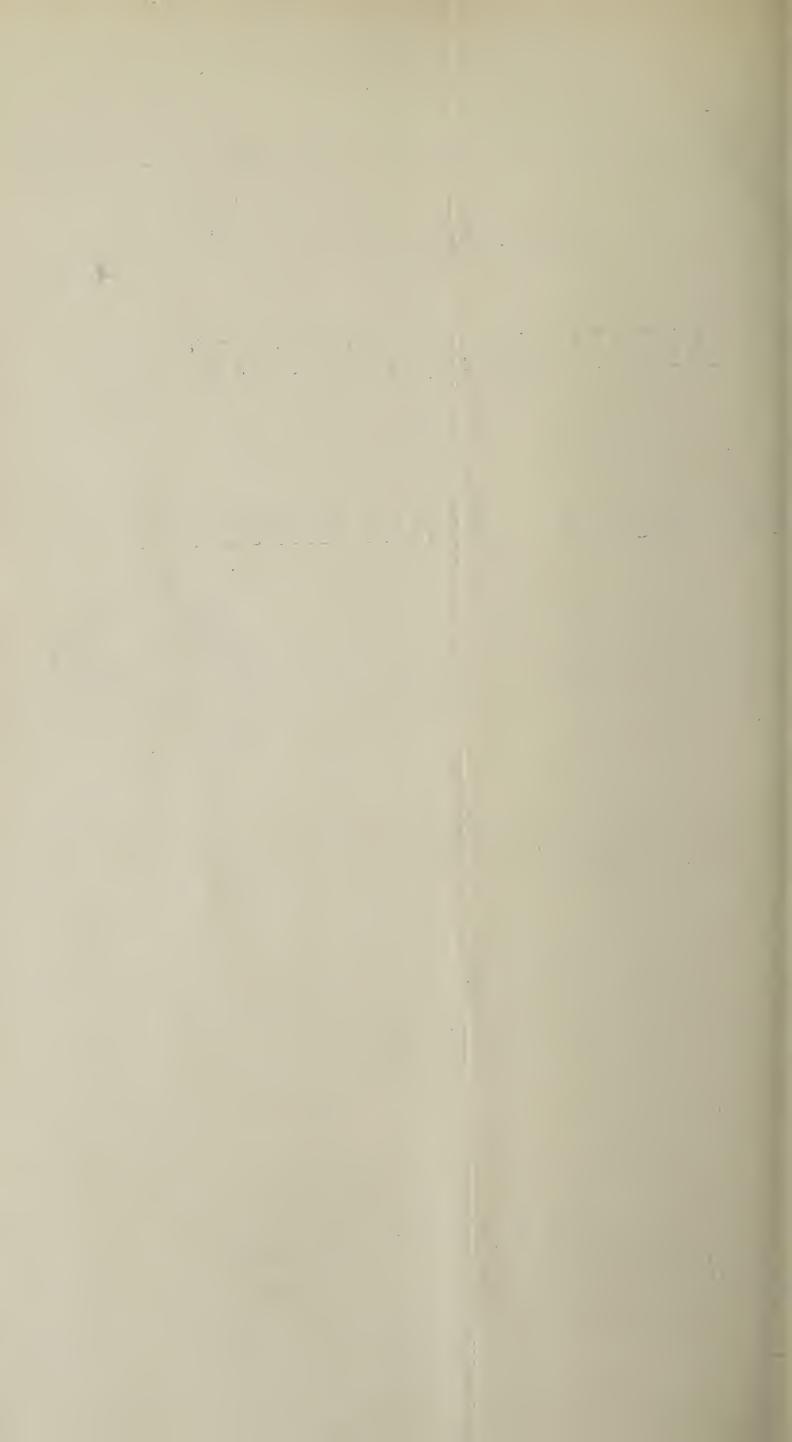
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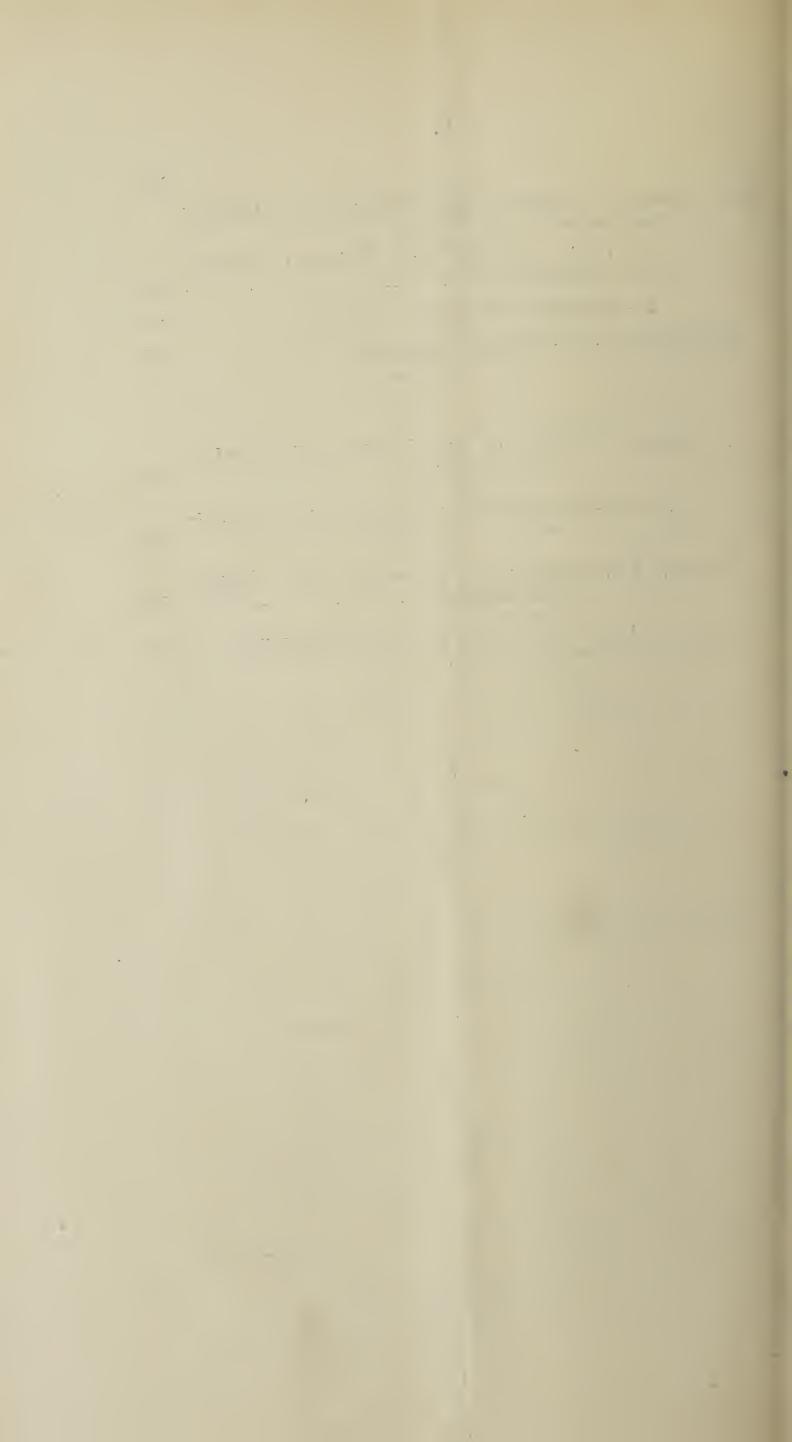


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## FEDERATED MALAY STATES.

# ANNUAL REPORT OF THE MEDICAL DEPARTMENT FOR 1932.

#### INTRODUCTION.

The Annual Report of the Medical Department of the Federated Malay States for the year 1932 has been compiled under unusual conditions, and is concerned with an abnormal period.

In the first place the policy of decentralization of Government generally, and of the Medical Department particularly, has radically altered the organization of medical and health services in the Federation. The Principal Medical Officer has relinquished most of his executive functions; the title is retained for the sake of certain statutory duties, but the officer holding this appointment has assumed the executive control of the Medical Department of the Straits Settlements, and consequently is no longer in close contact with the services in the States.

Simultaneously with the virtual abolition of the Principal Medical Officer, and as a further consequence of decentralization, the post of Chief Health Officer was abolished.

The disappearance of the Principal Medical Officer does not imply so great a change in policy as might at first sight appear; for the executive functions of the Principal Medical Officer in the four States were strictly limited, constitutionally, and his control over the Senior Medical Officers of the States was, in theory, little more than advisory. The Chief Health Officer, on the other hand, was in a position of executive authority over the Senior Health Officers of the States, while being himself under the authority of the Principal Medical Officer; so that, anomalous though it may seem, the Principal Medical Officer could exercise more authority in the States through the agency of the Chief Health Officer and the Senior Health Officers than through the Senior Medical Officers.

In place of this dual system of restricted federal control there has been instituted a system of single control of the medical and health services in each State. The senior officer, for whom the title of State Medical and Health Officer was proposed, has been placed in executive control of all the medical and health services of the State. In this way the necessary association of preventive and curative services will be secured, and there will be nothing to prevent the development of a proper medical department, in which health services are pre-eminent and curative services are a secondary, though essential, responsibility.

for the improvement of medical and health services to estate labourers, and had survived so much criticism and opposition from every direction, at last found itself impotent in face of the complete financial collapse of the rubber planting industry. The many schemes which had been formulated and put into operation, for the provision of medical services by visiting practitioners and for the organisation of estate hospitals, together with the preliminary work for the organisation of preventive measures, had only been possible with the aid of a loan from Government. When it became clearly apparent that the state of the rubber planters was such that the Board could only carry on by borrowing more money, and there was obviously only a remote possibility that the increasing loan would ever be repaid, there was no alternative but to dissolve the Central Health Board, Government accepting the financial loss.

It is to be hoped that a great part of the ground gained by the efforts of the Central Health Board and the Local Health Boards will be retained. It will not be possible, in present circumstances, to maintain preventive and medical services on the lines proposed in the Health Board schemes, nor with such reduced labour force are services on such a scale necessary. But the lines have been laid down for future guidance, and with improved conditions in the rubber industry and the country generally the work done by the Central Health Board during its stormy existence will yet bear fruit.

Other Enactments passed during the year were:

(a).—Sale of Food and Drugs Enactment No. 32 of 1932.

This Enactment repealed and re-enacted with amendments the Sale of Food and Drugs Enactment, 1913. This was necessary to bring the law concerning food and drugs up to date.

(b).—The Prevention of Disease Enactment, 1932.

By this Enactment the revision of the law relating to quarantine and the prevention of disease was completed. The previous law was contained in the Quarantine and Prevention of Disease Enactment: in the process of revision this was divided into sections, each of which now constitutes a separate Enactment; the first two sections, viz., the Vaccination Enactment and the Quarantine Enactment were passed in 1930 and 1931 respectively.

#### C.-FINANCE.

The total expenditure on the Medical Department for the year was \$4,760,632 (£555,407 1s. 4d.). Of this sum, \$2,731,826 (£318,713 8d.) was incurred under the heading of "Personal Emoluments"; \$2,006,651 (£234,109 5s. 8d.) under "Other Charges", Annually Recurrent, and \$22,155 (£2,584 15s.) was Special Expenditure.

In addition to the amount directly expended by the department, the Public Works Department expended \$80,517 (£9,393 13s.) on new buildings for hospitals and other institutions, and \$79,059 (£9,223 11s.) on upkeep, repairs, etc.; while a sum of \$401,449 (£46,835 14s. 4d.) was expended on anti-malarial measures from Sanitary Boards and other Government funds.

The revenue of the department was \$309,178 (£36,070 15s. 4d.). The total revenue of the Federated Malay States for 1932 was \$43,817,151 (£5,112,000 19s.) and the total expenditure was \$53,740,140 (£6,269,683).

## II.—PUBLIC HEALTH.

An estimation of the state of the public health is dependent upon a numerical estimate of the total population and of the different sections of the population. It is unfortunate that a correct estimate of the population of the Federated Malay States for any year except the census year is very difficult. In a country subject to alternating periods of commercial prosperity and depression, during which immigration and emigration of labourers and their dependants exercise a preponderating effect on the numerical strength of the population, it is impossible to devise any hard and fast mathematical process which will correctly supply the figures for the population from year to year.

It has been the practice in the past to estimate the population during intercensal periods by a method of arithmetical or geometrical progression based on the last two census figures.

There is no doubt that birth-rates and death-rates so estimated have been liable to serious fallacy. In order to arrive at a closer estimate for the year 1932, vital statistics in this report are based on an estimate of population which takes into account immigration and emigration figures.

The difference between the figures obtained by the two methods of calculation are shown in the tables below. Table I shows the estimated population by race and by State, calculated by a process of geometrical progression from the census year, for the middle of 1932.

TABLE I.

State.	Malaysians.	Chinese.	Indians.	Non- Asiatics.	Others,	Total.
Selangor Negri Sembilan .	277,015 .: 127,430 88,468 112,283 605,196	340,105 252,030 96,487 54,832 743,454	163,503 159,123 52,654 15,844 391,124	2,578 2,756 876 412 -6,622	6,930 11,818 3,620 1,722 24,090	790,131 553,157 242,105 185,093 1,770,486

Table I-A shows the estimated population derived from the census figures of 1931 by a calculation which includes the excess of births over deaths and the difference between the numbers of immigrants and emigrants. State migration has been calculated from the Malayan migration in the ratio, by nationalities, which the State population bore to Malayan population at the last census.

TABLE I-A.

State.	Malays.	Chinese.	Indians.	Non- Asiatics.	Others.	Total.
Selangor Negri Sembilan Pahang	$\begin{bmatrix} 277,952\\ 125,679\\ 89,096\\ 112,794\\ \hline 605,521\\ \end{bmatrix}$	302,957 227,047 86,255 48,947 665,206	$ \begin{array}{ c c c } \hline 135,718 \\ 134,131 \\ 42,442 \\ 12,505 \\ \hline 324,796 \end{array} $	2,208 2,577 814 360 5,959	6,380 10,348 3,231 1,462 21,431	725,215 499,782 221,838 176,068  1,622,903

The figure 1,622,903 will be taken as the nearest possible estimate of the total population of the Federated Malay States at midyear, 1932.

The total number of births during the year was 55,171; the estimated birth-rate was 340. As an index of fertility birth-rates as calculated for the Federated Malay States are of little value, since the ratio of males to females differs among the various races and from year to year. Figures for the Malay race may be taken as a fair measure of fertility comparable with other countries; but those for Indians and Chinese are neither comparable between themselves nor from year to year. The estimated birth-rate among Malays was 36.6.

The total number of deaths was 29,997, a decrease of 2,874 from the 1931 total. The estimated death-rate was 18.5, if calculated on a total of 1,622,903: the death-rate derived from a population estimated at 1,770,486 would be 16.9.

The death-rate for 1932 is the lowest ever recorded; the previous year's rate was 19.1, which again was better than any previous figure. The rate for the year 1921 (a census year) was 28.5.

The low death-rate is a definite indication of a continued improvement in the state of the public health. It must be remembered, however, that during 1931 and 1932 repatriation of Indians and Chinese occurred to an abnormal extent, and large numbers of weakly or decrepit persons were leaving the country.

Vital statistics are set out in full in the report of the Registrar-General of Births and Deaths, which is now published separately from the annual report of the Medical Department, and reference should be made to that report for details of the several States, races and age groups. From the figures there set out it will be seen how heavy is the mortality during the early years of life. About 40 per cent. of the total deaths are recorded as occurring under the age of five years, and about a quarter of the total deaths is found among infants.

The figures for infant mortality are always instructive, as they are independent of estimates of the total population, and therefore comparatively trustworthy. The ratio of the number of deaths under one year of age to every thousand live births in 1932 was 137, compared with 139 in the previous year.

The highest rate recorded in the previous ten years was 203 in 1927. Since then there has been a progressive fall to the present figure, a reduction during five years of very nearly one-third. This is very satisfactory so far as it goes, but the rate is still high; it is more than double the rate in England. The greater number of these infant deaths (about two-thirds of the total) are attributed, as in the past, to "fever" and "convulsions".

#### III.—HYGIENE AND SANITATION.

#### 1.—SPECIAL DISEASES.

#### (i)—Malaria.

Deaths recorded under the general heading of malaria and fever of undefined origin, and deaths recorded as due to diagnosed malaria are shown in the following table:

Disease.	Perak.	Selangor.	Negri Sembilan.	Pahang.	Total.
Malaria Fevers of undefined origin All causes	483 5,475 13,348	346 2,392 8,789	210 1,325 4,144	120 1,728 3,716	1,159 10,920 29,997
Percentage ratio of deaths from malaria to deaths from all causes	3.6	3.9	5.06	3.2	3.8
Percentage ratio of deaths from malaria and deaths from fevers of undefined origin to all causes	44.6	31.2	37.04	49.7	40.2

It is impossible to assess accurately the total number of deaths directly due to malaria. It can be said, however, that in comparison with previous years the incidence of malaria in 1932 was relatively light, although it remains the principal cause of sickness.

Preventive measures were carried out throughout the Federation along the lines which have now been well established in Malaya. Financial considerations made it necessary to curtail permanent anti-malarial drainage works, and expenditure on oiling was reduced to a minimum. The fact that so many rubber estates had been compelled to reduce their expenditure to such an extent that anti-malarial measures for the protection of their labour force were in danger of being neglected had given reason to fear that malaria might increase. It is satisfactory to record that, generally speaking, there has been no such increase.

Research was continued throughout the year on the use of plasmoquine as a prophylactic measure among estate coolies. Investigation was also made into the use of atebrin for prophylactic purposes; the value of this new remedy for curative purposes would seem to have been already established, and its use in Government hospitals is now general. The efficacy of various mixtures of oils for anti-larval oiling was tested by laboratory and field experiments, and the investigation is still proceeding. The question of limiting anti-larval oiling operations to certain seasons of the year was another matter for investigation. Experiments are to be instituted to ascertain whether there are certain seasons of the year when anti-larval measures may be discontinued without danger of malarial infection: if conclusive results can be obtained they will clearly be of great economic importance.

The report of the Institute for Medical Research contains a detailed account of the malarial research work of the year.

#### (ii)—Plague.

No case of plague occurred; the country has been free from this disease since 1927. Vaccine was prepared and stored at the Institute for Medical Research in case of the disease appearing.

#### (iii)—Cholera.

No case of cholera occurred; the country has been free from this disease since 1927. Vaccine was prepared and stored at the Institute for Medical Research in case of the disease appearing.

#### (iv)—Smallpox.

One case of smallpox was detected in the railway reserve at Gemas on the Johore border. During the previous ten years there had been a few cases in Perak, consequent on the presence of the disease in the neighbouring areas of Province Wellesley and Kedah; but detection and isolation of all cases, together with extensive vaccination of the population, succeeded in suppressing the disease. The following is a summary of vaccinations performed during the year:

		Total vaccinations.	re	Number of corded result		Percentage successful.
Perak		33,700	,	19,276	• • •	57.20
Selangor		22,716	• • •	14,990	• • •	66.99
Negri Sembilan	• • •	11,460		6,949	• • •	60.63
Pahang		5,523		4,460		81.00

All vaccine lymph employed was prepared at the Institute for Medical Research.

It is satisfactory to be able to record that the Federated Malay States have been kept free from the three major epidemic diseases, particularly in view of their prevalence in neighbouring countries.

#### (v)—Typhus.

The typhus which occurs in Malaya is the form described as tropical typhus. During recent years the disease has shown a tendency to spread over a wider geographical area, and the number of cases has shown a disquieting increase. In part the increase may be ascribed to more careful search for the disease, resulting in the diagnosis of cases which otherwise might have been mistaken for other tropical fevers. During 1932 there was a reduction in the total number of cases diagnosed, from 220 in the previous year to 206; but this reduction was due to a decrease in the cases reported from Selangor, there being an increase in each of the other States. The disease appears to be endemic on certain estates, particularly oil-palm plantations; the majority of the cases were coolies from these estates.

Experimental research on tropical typhus was continued at the Institute for Medical Research throughout the year; it is of interest to note that the laboratory experiments indicate a close relationship between tropical typhus and Japanese river fever.

#### (vi)—Enteric Fever.

The number of recorded cases of fever of the enteric group was 228, with 59 deaths. These figures compare with 288 and 87 for the previous year. There was no outbreak which could be ascribed to a contaminated water supply. The food sold by street hawkers remains under suspicion as one of the chief sources of infection.

#### (vii)—Dysentery and Diarrhœa.

The number of deaths reported as due to dysentery, diarrhæa or enteritis was 1,300, a figure which compares favourably with 1,606 reported in 1931. Taken in conjunction with the diminished incidence of enteric fever, the decrease in the number of deaths from dysentery and diarrhæa indicates an improvement in the sanitary condition of the people; although the figures have no doubt been affected by repatriation of many persons from those classes of the community most liable to suffer from such diseases.

#### (viii)—Cerebro-spinal Meningitis.

The number of cases reported was 11, all of which terminated fatally. The disease occurred only as sporadic cases, and there was no epidemic.

#### (ix)—Diphtheria.

The number of cases of diphtheria annually reported continues to increase. The numbers of reported cases and deaths during the last five years are shown hereunder:

Year.				Cases.		Deaths.
1928	• • •	 	• • •	57		8
1929		 		88		27
1930		 		112		31
1931	• • •	 	• • •	143		29
1932	• • •	 		170	• • •	46

The disease occurred principally in the towns, and children formed the majority of the patients.

It is perhaps significant that many cases, diagnosed by bacteriological examination, showed few of the signs and symptoms of clinical diphtheria: this suggests that the increase in the number of cases reported may be due rather to greater reliance on laboratory examination than to any actual increase in the disease.

There is good reason to urge the general adoption of a system of pasteurisation of milk as a preventive measure.

#### (x)—Leprosy.

The number of fresh cases which were admitted to the leper settlements during the year was 293. This supports the estimate which has been previously made to the effect that the number of lepers which are discovered annually in the Federated Malay States is in the neighbourhood of 300. Nearly all of these are among the Chinese and Indians, and it may be suggested that most of them have contracted the disease before entering Malaya. Improved conditions of segregation and treatment in the Sungei Buloh Settlement have resulted in the admission of more cases at an early stage of the disease, and to an increase in the number of cases discharged as non-infective. It has not been possible as yet to introduce any system of treatment without segregation.

(xi)—Tuberculosis.

Pulmonary tuberculosis remains one of the gravest causes of sickness and death in the Federated Malay States, especially in the towns. It is impossible to estimate the total number of cases, and it is probable that many fatal cases are registered under other headings. But the statement made in previous reports still holds good, that a study of the figures over a period of years does not show that the incidence of the disease is increasing. The records of deaths occurring in Government hospitals are likely to be more accurate than records of deaths occurring elsewhere, so that a fair indication of the prevalence of the disease during the last ten years may be gained from a table showing the yearly number of deaths in Government hospitals reported as due to pulmonary tuberculosis, and the ratio of that figure to the estimated population for the year, as under:

croz.						
Year.	*			Deaths in Government		Ratio per 100,000
				hospitals.		population.
1923			 	1,006		72.3
1924			 	1,037	• • •	73.1
1925		• • •	 	1,051	• • •	72.6
1926			 	995		67.4
1927			 	1,118	• • •	74.2
1928			 	1,074		70.0
1929			 	1,078		64.4
1930			 	1,061		61.5
1931 -			 	975		56.6
1932		6	 	919		56.6

The total number of deaths reported as due to tuberculosis was 1,627, of which 1,513 were pulmonary tuberculosis. The corresponding figures for 1931 were 1,624 and 1,524.

#### 2.--GENERAL MEASURES OF SANITATION.

#### (i)—Sewage Disposal.

The country is still backward as regards the disposal of night-soil, for the bucket system is in use even in the principal towns. Septic tank installations are being increasingly introduced, particularly in Kuala Lumpur and Ipoh, but the proposed general sewage system for Kuala Lumpur has not yet eventuated.

In Negri Sembilan a great improvement has been effected by the construction of a septic tank at each of the principal bucket-washing stations, the washing tank being placed immediately above the septic tank. The whole installation can be constructed at little expense, and the advantages of such a system are out of all proportion to the cost. This is undoubtedly a system which should be more generally adopted.

The Kinta Sanitary Board has been experimenting with rubber buckets. Hitherto the results give every promise of this material showing great advantage over metal in both length of use and in suitability. One unexpected advantage is the entire absence of smell from these buckets after they have been washed in the same manner as iron buckets. At the close of the year a large number of these buckets had been in use in Ipoh for almost a year, and it was anticipated that they would soon replace metal buckets entirely.

In the rural districts, and particularly on rubber estates, continual attention is required to keep the pit latrines up to a satisfactory standard. The type of latrine known as a bore-hole latrine has been adopted wherever soil conditions permit, and has proved satisfactory. Conditions of night-soil disposal for mining coolies have received attention, but are generally speaking primitive and unsatisfactory.

#### (ii)—Refuse Disposal.

Refuse disposal in the larger townships is effected by the removal of all rubbish from house and street refuse bins in covered lorries to an incinerator. In the larger centres of population a daily collection of refuse is carried out. New types of refuse bins have been introduced in Kuala Lumpur and elsewhere, and have proved satisfactory.

#### (iii)—Drainage.

The problem of drainage is closely associated with antimalarial measures, and for this reason has always received special attention in Malaya. Generally speaking the drainage system throughout the Federated Malay States is of a high standard, as indeed it must be in order to cope with the heavy rainfall. The river deviation works in Kuala Lumpur have effected a very great improvement, and the town was saved from serious flooding during the exceptional rainfall towards the end of the year.

#### (iv) - Water Supplies.

Existing water supply systems in the larger towns were kept under observation, repeated chemical and bacteriological examinations of the water being carried out at the Institute for Medical Research. It was not possible to carry out all the proposed works on water supplies owing to the financial position, but many improvements were effected, as will be seen from the reports from the four States, summarized below.

#### PERAK.

New Kinta Water Supply.—This water supply generally speaking may be said to be now satisfactory.

Taiping.—Chlorinating plant was added to this supply, and certain alterations were made at the head works, including the conversion of a filter bed into a precipitating tank. This has resulted in a great improvement in the quality of the water delivered to Taiping.

Lower Perak.—The water delivered to Teluk Anson is excellent and is now the purest supply in Perak.

Further experiments of an encouraging nature were carried out in respect of water supplies in the riverine kampongs along the Perak River.

#### SELANGOR.

The chlorination of the Kuala Lumpur supply as an end process assumed stability and a good water was ensured. About five million gallons are supplied to the town daily, allowing over 40 gallons per head of population per day. During the year the town supply was extended to cover the Pudu Ulu and Segambut villages areas.

Improvements were made to the piped water supply to Kepong and Sungei Besi towns.

It was proposed to construct new deep and protected wells at seven small villages within a radius of about fifteen miles of Kuala Lumpur or to reconstruct existing wells. Actually two new wells were constructed and several existing wells repaired during the year.

#### NEGRI SEMBILAN.

Scremban.—Sedimentation tanks at the intake at Pantai were nearly completed for this supply.

Port Dickson.—The dam at Ulu Beringen to supply Port Dickson was completed, and water is now available for that town and the villages and estates en route; work is still in progress on the filtration and chlorination plant, and on the service reservoir at Si Rusa. This water supply system, when completed, promises to be one of the best in the Federated Malay States.

Tampin and Kuala Pilah.—These towns obtain their water from jungle streams. Chlorinating apparatus were installed during the year and are working satisfactorily.

Gemas and Bahau.—The supplies of these towns, which are from polluted rivers, are treated with alum, sedimentation, mechanical filtration, lime and chlorine. Results at both these places are very satisfactory.

The extension of a pipe line from Ulu Beringen to Pedas and Rembau is in progress.

#### PAHANG.

Pahang West.—Kuala Lipis, Raub and Bentong are supplied from impounding reservoirs served from hill streams. At Kuala Lipis the water is treated with alum and lime, allowed to settle in a settling tank and passed through a Bell's filter. During the year the water schemes for Temerloh and Mentakab were completed. The schemes are identical. Mentakab draws its supply from the Sungei Semantan, and Temerloh from the Pahang river. The raw water in both cases is treated with alum and lime, filtered by means of mechanical Bell's filters, and chlorinated. The chemical and bacteriological reports on these supplies are now very satisfactory.

Pahang East.—Kuantan is supplied from jungle streams, the water being collected in impounding reservoirs. Pekan is supplied from wells, the water is treated with alum, and after mechanical filtration is pumped into water towers, from which it flows by gravity to the town.

#### (v)—Offensive Trades.

The efforts to confine offensive trades to definite districts were continued in the larger towns.

#### (vi)-House Inspections.

House to house inspections were carried out in all Sanitary Board areas. The question of cubicles was taken up in the Kinta Sanitary Board by the Health Officer with a view to bringing this problem under proper control. In Taiping the demolition of insanitary houses continued. In Kuala Lumpur 6,854 notices were served for the abatement of various nuisances and 1,894 prosecutions were instituted, resulting in 1,605 convictions.

#### (vii)—Estate Visiting.

The number of visits to estates carried out during the year by officers of the Health Branch was 4,224.

The number of visits on account of anti-malaria measures is steadily decreasing owing to the fact that Visiting Medical Practitioners are employing their own technical Asiatic assistants, and dressers on estates are becoming more practised in this respect.

Owing to the critical financial condition of many estates, recommendations other than those which required really urgent attention were made with a proviso that appropriate action should be taken when funds become available.

The following table gives the estate population for the years 1931 and 1932. It will be noticed that a further large decrease took place during the year.

	19	31.	1932.		
State.	Labourers.	Total estate population.	Labourers.	Total estate population.	
Perak	$\dots 52,721$	79,681	44,972	69,213	
Selangor	$\dots 57,476$	88,025	47,089	73,964	
Negri Sembilan	$\dots 43,727$	52,577	35,088	42,902	
Pahang	10,773	13,120	7,672	9,435	
Total	164,697	${233,403}$	134,821	195,514	
O .					

The number of private and group hospitals in use at the end of the year was 133 as compared with 146 in 1931.

The distribution of these hospitals by State was as follows:

Perak		 			46
Selangor		 			42
Negri Sembilar	1	 		• • •	33
Pahang		 			12
			Total		133

The repeal of the Health Boards Enactment might have been followed by disorganisation of the system of group hospitals had not definite action been taken in time by the Medical and Labour Departments to prevent this. In only a few cases have estates seceded from the group hospitals, and these only with the acquiescence of the Health Officer.

In May of 1932 the Controller of Labour consulted the State Medical and Health Officers regarding the measures which should be adopted to retain as far as possible the existing arrangements as to group hospitals and the standard of sanitation on estates. The Controller promised his support in all cases in which estates did not comply with standards as laid down.

#### (viii)—Mine Sanitation.

Returns from the Mines Department show that 42,575 Chinese were employed as mining labourers at the end of 1932, compared with 57,403 at the end of 1931.

During the year 10,077 mining coolies, all Chinese, were repatriated from Perak alone. The total number of Chinese immigrants in 1932 was 6,092.

Sixty-four visits were paid to mines by officers of the Health Branch.

No health returns are received from mines; no deterioration in the health of the Chinese miners has been reported.

#### (ix)-Railway Sanitation.

Health conditions on the Federated Malay States Railways, with the extensions into the Unfederated Malay States and the Colony, were under the control of the Railway Health Officer, with his staff of Health Inspectors, Anti-Malarial Inspectors and Dressers.

Permanent anti-malarial works were carried out in certain places, including Teluk Anson, Taiping, Kuala Lumpur and and Ipoh. Economies were effected in oiling, as for example by the introduction of the "brush" method of oiling.

The passenger coaches of the night-mail trains were sprayed with an anti-mosquito mixture at the points of departure (Prai, Kuala Lumpur and Singapore) and en route at Parit Buntar.

There was no epidemic of disease among the Railway staff. One case of smallpox was detected at Gemas, but prompt isolation, disinfection and vaccination prevented further cases. There was a general improvement in the health of the staff, and a reduction in the number of cases of malaria reported.

#### (x)—School Hygiene.

Since the abolition of the two posts of Lady Medical Inspector of Schools and of the Assistant Health Officers specially detailed for school inspection, the hygienic supervision of schools has been carried out by other members of the Medical Department as part of their routine duties.

1.	Number of	schools inspected	 	896
2.	, ,	visits to schools	 	1,511
3.	, ,	scholars examined	 	58,235

The table below gives a summary of conditions found at all schools visted:

#### PERCENTAGE OF DEFECTS SEEN AT VISITS.

	Perak.	S	elangor.	Negri Sembilan.	Pahang.
Dental disease	31.7		32.3	 26.36	 38.85
Skin disease	3.5		5.9	 3.21	 11.53
Eye defects	0.3		1.2	 .66	 1.23
Spleen enlarge-					
ments	5.8		3.4	 14.38	 17.51
Pediculosis	7.6		5.9	 .99	 .97

It was fortunately found possible to retain the Dental Surgeon for service in the schools of Selangor and certain schools in Perak and Negri Sembilan. The appointment of Dental Surgeon was made in 1929, as the first step in the formation of a dental service for school children throughout the Federated Malay

States. It immediately became apparent how great was the need for such a service, for the percentage of dental defects among school children was found to be excessively high. Financial consideration, however, did not allow the extension of dental services beyond the schools of Selangor and those within comparatively easy reach in the neighbouring States of Perak and Negri Sembilan.

With the reorganisation consequent upon decentralization proposals it was no longer practicable to employ the Dental Surgeon as a Federal Officer; but, as stated, he is retained in the State of Selangor.

SUMMARY OF WORK DONE BY THE DENTAL SURGEON.

Patients	 	 	 $2,933^{\circ}$
Attendances	 	 	 4,045
Fillings	 	 	 636
Extractions	 	 	 5,329
Scalings	 	 	 122
Dressings	 	 	 272
Gas cases	 	 	 635

The Dental Surgeon proceeded on leave in July. For part of the period thereafter fortnightly visits were made by a Government Dental Surgeon from Singapore.

It is sincerely to be hoped that before long it may be possible to initiate school dental services in the other States.

#### (xi)—Labour Conditions.

#### A.—ON ESTATES.

The year was noteworthy for a further great reduction in the labour force. The total estate population (excluding estates under twenty-five acres) reckoned as the average of the monthly totals, in 1931 was 233,353: the corresponding figure for 1932 was 195,514, a decrease of 37,839. The figure for 1931 was itself 47,368 less than for 1930.

Of the average total estate population, the number of labourers was 134,821, a decrease of 29,876 from the 1931 figure of 164,697.

The death-rate for the total estate population was 13.1 per mille, as compared with 20.6 in 1930 and 15.8 in 1931. The death-rate for labourers was 5.4 per mille, as compared with 10.6 in 1930 and 7.8 in 1931.

It must again be emphasized, as in last year's report, that the reduction in the labour force has been effected largely by repatriation of the unhealthy and sickly employees, and therefore the low death-rate recorded cannot be regarded as a normal figure or one which is likely to be attained except under abnormal conditions of repatriation.

The following table shows the distribution by districts of the labour force, and the death-rate in each district.

Distriction Distriction		une u	Average	n eac	No.	<i>5</i> €.	Death-rate
Perak—		]	labour force.	(	of deaths.		per mille.
Krian			6,460		18		2.8
Selama	• • •	• • •	1,717	4 5 *	16	• • •	9.3
Larut and Ma	tano	•••	4,731		18	• • •	3.8
Upper Perak		• • •	300	• • •	10		3.3
Kuala Kangsa		• • •	6,464	• • •	47	• • •	7.3
Kinta			6,052	• • •	34	• • •	5.6
Batang Padar			6,948	• • •	24		3.4
Lower Perak	· · · ·	• • •	9,657	• • •	50		5.2
Sitiawan			2,643		7		$\frac{3.2}{2.6}$
	•••	•••	2,010	• • •	·	• • •	2.0
Selangor—			× 00 ×				
Kuala Lumpu	r	• • •	5,625	• • •	34		6.0
Ulu Selangor	• • •	• • •	8,009	• • •	56		6.9
Ulu Langat	• • •	• • •	5,572	• • •	18	• • •	3.2
Klang	• • •	• • •	10,306	• • •	48	• • •	4.7
Kuala Selang			9,321	• • •	70	• • •	7.5
Sabak Bernan	a	• • •	1,329	• • •	5		3.8
Kuala Langat	•••	• • •	6,927	• • •	30		4.3
Negri Sembilan-							
Seremban			11,053		54		4.89
Tampin		,	6,377		43		6.74
Kuala Pilah	• • •		9,592		65		6.78
Port Dickson			7,256		42		5.79
Jelebu			810	• • •	4		4.94
Pahang—							
Kuala Lipis			1,824		14		7.68
Raub	• • •		956	• • •	4		4.18
Bentong		, , ,	1,904		11		5.78
Temerloh	* * *	• • •	1,409		3	• • •	2.13
Kuantan	• • •		1,548	• • •	14		9.04
Pekan		• • •	31	• • •		• • •	0.01
- 023042						• • •	
	Total	• • •	134,821		730		5.4
•							

The table hereunder gives the number of hospital admissions and deaths, for all cases of sickness and for malaria cases particularly, for the total estate population and for labourers only, for all nationalities and for Indians particularly.

			Τ.	V	
		1931.	1932.		Decrease.
1.	Labour force, all nationalities	164,697	 134,821		29,876
	Hospital admissions	39,089	 26,271		12,818
	Deaths, all causes	1,288	 730	• • •	558
	Death-rate per mille	7.8	 5.4		2.4
	Hospital admissions, malaria only	8,015	 $6,\!475$		1,540
	Deaths, malaria only	177	 122		• 55
	Death-rate, malaria only	1.1	 0.9		0.4
2.	Estate population, all nationali-				
	ties including dependants	233,353	 195,514		37,839
	Hospital admissions	54,683	 39,517		15,116
	Deaths, all causes	3,676	 $2,\!560$		1,116
	Death-rate per mille	15.8	 13.1		2.7
	Hospital admissions, malaria only	10,358	 8,875		1,483
	Deaths, malaria only	326	 245		81
	Death-rate, malaria only	1.4	 1.3		0.1
3.	Labour force, Indians only	119,173	 93,651		25,522
	Hospital admissions	34,704	 24,271		10,433
	Deaths, all causes	1,109	 630		
	Death-rate per mille	9.3	 6.7		2.6
	Hospital admissions, malaria only		 6,063		1,053
	Deaths, malaria only	158	 106		52
	Death-rate, malaria only	1.3	 1.0		0.3
4.	Estate population, Indians only				
	including dependants	180,789	 148,646		32,143
	Hospital admissions	49,206	 37,289	• • •	11,717
	Deaths, all causes	3,354	 2,366		988
	Death-rate per mille	18.6	 15.9		2.7
	Hospital admissions, malaria only	9,343	 8,523		820
	Deaths, malaria only	301	 223		<b>7</b> 8
	Death-rate, malaria only	1.7	 1.5		0.2

Below is a comparison of death-rates in the four States for 1930, 1931 and 1932.

Average death-rate among labourers.

					A		ourers.
			1930.		1931.		1932.
Perak		• • 6	8.1		6.2		4.8
Selangor		• • •	9.1	• • •	6.9	• • •	5.2
Negri Se	embilar	1	14.9	• • •	10.1		5.8
Pahang	• • •	* * *	14.5	• • •	12.7		8.7

Further details of vital statistics of estate labourers will be found in the report of the Registrar-General of Births and Deaths.

#### B.—On Mines.

The following table shows the number of mining coolies recorded for 1930, 1931 and 1932.

State.			Labour force, all nationalities.								
			1930.		1931.		1932.				
Perak		• • •	50,876		33,486	* * *	22,777				
Selangor		• • •	23,288		18,990	• • •	16,275				
Negri Sen	nbilan	• • •	1,523		1,252		891				
Pahang	• • •		4,841		3,433	• • •	3,201				
	Total	•••	80,528	•••	57,161		43,144				

It will be seen that there was a reduction of 14,017 from the 1931 figure.

No statistics are available to indicate health conditions among mining coolies, as health returns are not submitted by mine managers. The only indication is to be found in the returns from Government hospitals in mining districts.

#### C.—IN GOVERNMENT DEPARTMENTS.

Labourers employed by Government departments, and the quarters in which they live, are kept under inspection. Labourers' quarters are protected wherever possible by antimalarial measures, and out-patients treatment is afforded by the travelling dispensaries.

#### (xii)—Housing and Town Planning.

Meetings of the Town Planning Committees of the Sanitary Boards were held regularly throughout the year and steady progress was made in this branch of municipal activity. There was no evidence of overcrowding, the position being relieved in this respect by the continued reduction in population.

Endeavours are being made to reduce the numbers of temporary houses; applications to erect these are now rarely approved.

## (xiii)-Food in Relation to Health and Disease.

#### (1)—BAKERIES.

All persons employed in bakeries are medically examined, and premises are inspected regularly.

The Health Officer, Kuala Lumpur, reports that conditions in bakeries have undoubtedly improved since the new by-laws were introduced in 1931, but there is still considerable room for improvement particularly in regard to premises.

## (2)—MILK.

Improvement is gradually being effected in the milk supplies to the towns. In Kuala Lumpur a scheme is now under contemplation whereby it is proposed to license all dairymen, and, by examination of these, to eliminate typhoid and diphtheria carriers.

## (3)—Aerated Water Factories.

These are all inspected during the year and are kept under supervision.

## (4)—Markets.

Markets are regularly inspected.

No new markets were constructed during the year. The fly-proofing at the Kuala Kubu Bharu market has proved a success.

## (5)—FOOD FACTORIES.

In as far as possible every food factory was inspected and licensed, a few being closed for failing to comply with the regulations.

## (6)—RESTAURANTS AND EATING SHOPS.

There is a definite improvement in these establishments in Sanitary Board areas, but in the smaller places it is often impossible to obtain other than slight improvements.

## (7)—PIGGERIES.

These are banned as far as possible from Sanitary Board areas; there are none now within the limits of the Kuala Lumpur Sanitary Board.

## (8)—Samples under the Sale of Food and Drugs Enactment.

In the larger towns vendors of tinned and other foodstuffs are showing greater readiness to ask for authority to destroy that which is unfit for consumption.

In Perak alone over 62,000 tins of milk and nearly 2,000 tins of other foodstuffs were destroyed.

Samples of "face powders" were analysed, and as a result a number of packets were seized and destroyed.

#### (9)—Deficiency Diseases.

#### BERI-BERI.

The number of deaths reported in 1932 as due to the disease was 264 as against 352 in 1931 and 497 in 1930.

	Deaths.									
State.	1930.		1931.		1932.					
Perak	117		62		32					
Selangor	165		110		97					
Negri Sembilan	118	• • •	102		60					
Pahang	97	• • •	78	• • •	75					
Total	497	• • •	352		264					

The majority of these were from among the Chinese.

#### (xiv)—Measures taken to Spread Knowledge of Hygiene and Sanitation.

During the year propaganda lectures on elementary hygiene continued to be given in villages and kampongs in Perak and Selangor. These lectures are only of about a quarter of an hour's duration, and are followed by a walk around the kampongs, when recommendations are made for such improvements as would entail no outlay but only care and attention.

In Selangor the working of the travelling and fixed dispensaries was altered to make these institutions act as propaganda agencies and thereby secure a much wider radius of influence. The co-operation of Penghulus was more largely sought and the work correlated to other activities in a greater degree.

The lecture van of the Committee for Public Health Education continued its activities throughout the year and toured the whole of the Federated Malay States. One hundred and seventy-four shows of the film "Aminah" (Infant Welfare) and the "Rescue of Swee Kim" (Tuberculosis) were given, and approximately 101,500 persons attended.

During the year a new film dealing with malaria and mosquitos was completed; this will be released early in 1933.

At the Malayan Agri-Horticultural Exhibition held in Kuala Lumpur at the end of July, the Public Health and Infant Welfare Sections were very well attended, over 24,000 attendances being recorded; of these, 5,100 were Malays. Continuous lectures and demonstrations were arranged throughout the period of the Exhibition, and the propaganda films were also shown.

#### (xv)—Training of Sanitary Personnel.

Constant training of the health staff is carried out.

Five Health and Sanitary Inspectors obtained the certificate of the Royal Sanitary Institute during the year, and 8 passed the probationer's test examination.

Ten Dressers, 13 Mosquito Destruction Committee Volunteers and one Overseer were given instructions and training at Health Offices.

#### IV.—PORT HEALTH AND ADMINISTRATION.

During the year under review 657 (comprising 2,625,065 tons) ocean-going, and 641 (comprising 337,803 tons) local vessels passed through Port Swettenham. Of these, 167 arriving from infected ports were boarded by officers of the Health Branch. A statement showing the nature of work done is given below.

Total	Total Total tons Total		Total pa	ssengers.	Total ex	Passengers.			
ships.	ips. nett. crew.	Cabin.	Deck.	Crew.	Passen- gers.	U.	Q.	· R.	
167	697,887	22,554	2,287	36,121	13,881	17,994	284	714	36,653

U. = Granted Undertaking. Q. = Quarantined.

Q. = Quarantined. R. = Remaining on ship.

Six pilgrim ships passed through the port. No pilgrims embarked and only nine disembarked. Some 24,971 persons for repatriation from the Federated Malay States required medical examination by the qualified staff. Many of the repatriates passed through the Labour Depôt, but an overflow total of some 15,000 was accommodated at the Quarantine Camp.

From July vessels coming from infected ports which had been granted an exemption certificate at either Penang or Singapore obtained exemption from quarantine at Port Swettenham provided they were free from infectious disease on arrival.

The number of vaccinations carried out on board ships during the year was 155.

Partly as a measure of economy the Camp Hospital was kept empty throughout the year. Minor ailments were treated in the camp huts and other cases transferred to Klang Hospital. No cases of any minor infectious disease were seen.

The permanent staff was maintained at the minimum strength to deal with routine work and when not otherwise engaged the staff carried out much useful work within the boundaries of the camp. The number of days on which the camp was unoccupied during the year was 193,

A comparative statement showing the amount of vaccination done during the last three years is given below:

		1930.	1931.	1932.
State Aided Immigrants		25,899	 57	 8
Ordinary Immigrants		4,257	 1,613	 492
Camp Staff	• • •	64	 	 
Others		48	 	 
Total		30,268	 1,670	 500

Pahang.—The port of Kuantan had a clean bill of health during the year. There were 70 calls by steamers, none of which was infected. As the port of Trengganu had been reported as infected with smallpox all motor launches and sailing vessels arriving in Kuantan and Pekan from Trengganu were examined. Altogether 17 vessels were inspected, and all crews and passengers were vaccinated.

Perak.—No case of suspected infectious disease was reported during the year at either Port Weld or Teluk Anson.

#### V.—MATERNITY AND CHILD WELFARE.

Six Infant Welfare Centres were maintained during the year at Ipoh, Taiping, Kuala Lumpur, Klang, Scremban and Teluk Anson.

The following table gives the number of attendances during 1931 and 1932:

		Numb	Number of attendances.					
Centres.		1931.		1932.				
Kuala Lumpur		 32,412		35,870				
Klang		 22,266		28,868				
Taiping		 22,971		22,097				
Ipoh		 30,772		37,322				
Seremban		 39,071		29,118				
Teluk Anson		 18,500		17.968				
	Total	 169,992		171,243				

The motor buses attached to the Centres conveyed 58,083 mothers, babies and children to and from the Centres. and the total mileage travelling in this service was 41,702 miles.

Sixty-nine thousand and six hundred and ninety-two visits to houses were paid by Sisters and Health Visitors during the year.

The committee of voluntary workers continued their good work during the year.

A very successful baby show was held in the Women's Hospital at Pekan, and included in the large number of visitors was His Highness the Sultan of Pahang.

# VI.—HOSPITALS, DISPENSARIES AND SPECIAL CLINICS.

#### (1)—HOSPITAL IN-PATIENTS.

The following table shows the hospitals maintained by the Medical Department, the average daily number of patients in each, the total number of patients admitted during the year, the total number of deaths, and the death-rate per hundred admissions:

Hospitals. I.—Perak.	Ċ	Average laily No. patients		Total No. of patients admitted.		Deaths.	ac	Deaths per 100 imissions.
Ipoh, District		368		7,865		720		9.15
m··· O	• • •	107		2,277		187		8.21
201 1 1 .	• • •	162	• • •			257	• • •	8.67
	• • •		• • •	2,964	• • •		• • •	
Batu Gajah	• • •	118	• • •	2,236	•••	178	•••	7.96
Kuala Kangsar, District	• • •	116	• • •	1,647	• • •	110	• • •	6.68
,, ,, Women's	• • •	74	• • •	1,546	• • •	95	• • •	6.14
,, ,, Malay	• • •	29	• • •	694	• • •	13	• • •	1.87
Teluk Anson, General	• • •	114	• • •	3,522	• • •	318	• • •	9.03
Kampar, District	• • •	182	• • •	2,111	• • •	308	• • •	14.59*
Tapah, District	• • •	119	• • •	2,026	• • •	170	• • •	8.39
Parit Buntar, District	• • •	48	• • •	1,099	• • •	96		8.73
Tanjong Malim, District	• • •	37		$1,\!270$	• • •	87	• • •	6.85
Sitiawan, District	• • •	55		1,787		116		6.49
Sungkai, District	• • •	10		414		22		5.31
Grik, District		13		358		16		4.47
Klian Intan, District		15		355		22		6.17
II.—SELANGOR.								
Kuala Lumpur, Bungsar		16		480		6		1.23
/T3 1*		103		3,211		198		6.17
Diatorial		446		= 100		863		12.05
3.5.1		54		1,422		40	• • •	2.81
1/ 1 - TS! / ! /	• • •	193	•••	•	• • •	383	• • •	
Klang, District Kajang, District		$\frac{193}{93}$		$rac{4,196}{1,873}$	• • •	151	•••	$9.13 \\ 8.06$
Kuala Kubu, District		51		960	• • •	78	• • •	8.13
Serendah, District		42		0.27	• • •	81	• • •	8.34
Kuala Selangor, District		15	• • •	207	• • •		• • •	
	• • •	10		291	• • •	23	• • •	7.74
111.—NEGRI SEMBILAN.								
Seremban, 1st Class A Wa	rds	38	• •	134	• • •			_
,, General	• • •	299		•		489	• • •	8.14
Kuala Pilah, District	• • •	59		1,112		119	• • •	10.7
,, Women's		143		2,187		130		5.94
Tampin, District		68		1,377		102		7.4
Port Dickson, District	• • •	60		676		66		9.76*
Jelebu, District		30		619		44		7.11
IV.—Pahang.								
Kuala Lipis, General		85		2,236		147		6.57
Kuantan, General		104				118		6.54
Bentong, District		92				$\frac{110}{165}$		9.64
Dearly District		60	• • •	1 000		88		6.81
Montalal District		37		7 0 F	• • •	50	•••	4.65
Dolron District	• • •	19	• •	407	• • •		•••	4.09 3,33
· · · · · · · · · · · · · · · · · · ·	* * *		• • •	05	• • •	14	• • •	
Kuala Rompin	•••	1	••	. 35	• • •	1	• • •	2.86

<sup>\*</sup>Note.—Tuberculosis cases are transferred to this hospital.

The preceding table excludes the cases in gaol hospitals and criminal vagrant wards (vide section VIII), which are, however, included in the return of diseases, Tables III and IV, page 52 and page 63.

Many patients were transferred from one hospital to another for special treatment; each patient transferred has been recorded as one case only in Table III, which is an exact return of the total-number of in-patients in Government hospitals.

The total number of in-patients admitted during 1932 was 74,177 with 6,085 deaths. The corresponding figures for 1931 were 92,806 patients, with 7,452 deaths.

The distribution in the four States was as under:

		Admissions.	Deaths.
Perak	• • •	 32,582	 2,723
Selangor		 20,694	 1,825
Negri Sembilan		 12,279	 954
Pahang		 8,622	 583

The existing hospital accommodation at the end of the year, and the average daily number of in-patients during the year, in the four States is shown hereunder:

		Total number of beds.			Average daily number of patients.				
		1931.		1932.	,	1931.		1932.	
Perak		3,145		3,107	• • •	2,105		1,582	
Selangor		1,729		1,519		1,280		-1,023	
Negri Sembilan	• • •	1,151		1,139		814		670	
Pahang	• • •	628		678	• • •	472		400	

The falling off in the number of patients under treatment in Government hospitals mentioned in the last report continued during the year.

Table III (page 52) sets out the full return of all cases treated as in-patients. As a ready indication of the comparative incidence of those diseases or groups of diseases which were responsible for a large number of admissions, the following summary is here included:

#### Prevailing Diseases Among Hospital Patients.

Diseases.		Admissions		Deaths.		Mortality.
Malaria		16,463		694		4.22
Venereal disease .		3,712		98	• • •	2.64
Influenza	٠.	3,237		12		.37
Chest Affections—						
Bronchitis		2,138		52		2.43
Pneumonia and bronche	0-					
pneumonia		1,789		783		43.77
Pulmonary tuberculos:	is	1,829		919		50.25
Intestinal Affections—						
Dysentery		1,447	• • •	255		17.62
Diarrhoea and enterit	is	1,328		221		16.64

Diseases.	Admissio	ons. Deaths	. Mortality.
Other Affections—			
Helminthic diseases	1,29	4 7	
Beri-beri	57	4 47	
Anaemia	1,08	$6 \dots 244$	$\dots 22.47$
Surgical Conditions—			
Chronic ulcers	3,22	$3 \dots 7$	22
Wounds	$\dots$ 3,21	$2 \dots 49$	1.53
Fractures, etc	$\dots 2,41$		
Abscesses, etc	$\dots 2,24$	$2 \dots 67$	2.98

Notes on Prevailing Diseases Among Hospital Patients.

(i) Malaria.—This, of course, heads the list of prevailing diseases, both as regards the number of cases admitted and the number of deaths.

The figures of admissions for the last five years are as under:

1928	 		 	49,553
1929	 	• • •	 	35,306
1930	 		 	36,647
1931	 		 	22,901
1932	 	• • •	 	16,463

Out of the total of 16,463 patients diagnosed as suffering from malaria, the diagnosis was confirmed by microscopic examination in 11,787 and the specific infections were as follows:

There were 14 cases of blackwater fever admitted to hospital with three deaths.

Malaria admissions for each of the twelve months of the year in the hospitals of the four States are shown in the following table:

					Negri			
Months.		Perak.	S	elangor.	 Sembila	n.	Paliang.	Total.
January		673		235	 154		149	1,211
February		542		212	 173		180	1,027
March		581		258	 219		$197 \dots$	1,255
April		675		357	 301		$172 \dots$	1,505
May		837		478	 458		$258 \dots$	2,031
June	• • •	788		426	 342		$281 \dots$	1,837
July		600		307	 294		$245 \dots$	1,446
August	•••	501		204	 285		$231 \dots$	1,221
September	• • •	472		176	 244		$224 \dots$	1,016
October		532		215	 235		$241 \dots$	1,223
November	• • •	505		247	 245		285	1,282
December		581		223	 186		$226 \dots$	1,216

Racial incidence among hospital patients is shown in the table on page 28.

- (ii) Venereal Disease.—The total number of cases treated in hospitals during the year was 3,712 with 98 deaths. This subject is further dealt with under "Social Hygiene Clinics".
- (iii) *Pneumonia*.—The number of cases diagnosed as pneumonia or broncho-pneumonia was 1,789, of which 783 were fatal; the case-mortality was therefore 43.76 per cent.
- (iv) Pulmonary Tuberculosis.—The number of admissions to hospital was 1,829, compared with 2,179 during the previous year. The case mortality was 50.25 per cent.
- (v) Dysentery.—The number of patients recorded under "dysentery" was 1,447, and the number of deaths was 255. In addition to cases recorded as dysentery, there were 1,328 recorded as diarrhoea or colitis, with 221 deaths. If the records under the different, though related, headings are combined, the figures for the year are 2,775 admissions with 476 deaths, compared with 3,696 admissions and 650 deaths in 1931.
- (vi) Beri-beri.—The number of cases recorded as beri-beri was 574, compared with 1,036 in 1931: 556 of these cases occurred amongst Chinese. It is gratifying to note the very considerable decrease in the number of cases of this disease. It is possible that the lack of urban employment has caused the population to depend more on its own production of foodstuffs.
- (vii) Anacmia.—There were 1,086 cases recorded as suffering from 'anaemia' with no indication of other pathological condition. As previously noted many cases so recorded may be suffering from malaria, syphilis or ankylostomiasis. In addition there were recorded 77 cases of anaemia of pregnancy, with 39 deaths.
- (viii) Chronic Ulcer.—The number of cases of chronic ulcer reported was 3,223 as against 4,438 in 1931 and 6,550 in 1930.

#### Notes on Other Diseases.

- (i) Leprosy.—The recorded number of new cases of leprosy detected and segregated during the year was 293. The number reported for 1931 was 277. Leper settlements are dealt with in section VII (B), page 41.
- (ii) Enteric Fever.—The number of diagnosed cases was 233 with 57 deaths, compared with 315 and 91 deaths in 1931.
- (iii) Tropical Typhus.—The number of cases during the year was 200 with 19 deaths.
- (iv) Leptospirosis.—There were 19 cases diagnosed, with seven deaths.
- (v) Japanese River Fever.—There were three cases with one death; the fatal case was a European.

- (vi) Cancer.—The number of patients in Government hospitals recorded as suffering from malignant tumour was 376 with 163 deaths. These figures are slightly higher than those of last year. A statement of the nature of the tumours examined microscopically will be found in the Report of the Institute for Medical Research.
- (vii) Cirrhosis of the Liver.—This was recorded as the diagnosis in 303 cases; the deaths number 125. The condition occurs chiefly among Chinese.

RACIAL INCIDENCE OF CERTAIN DISEASES AMONG
HOSPITAL IN-PATIENTS.

	Chine	ese.	India	ns.	Mala	ys.	Othe	rs.
Diseases.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Malaria  Dysentery  Pneumonia and bronchopneumonia  Pulmonary tuberculosis  Cirrhosis of liver	5,049 576 492 1,009 200	387 136 202 577 92	10,216 1,503 1,203 656 70	281 239 452 304 30	1,180 130 67 127 31	20 9 20 27 2	209 45 25 37 2	4 1 10 11 1
Chronic ulcer Beri-beri Appendicitis	1,678 $556$ $53$	6 46 7	971 $4$ $117$	$egin{array}{ccc} 1 \ 1 \ 4 \end{array}$	500 $14$ $22$		$-\frac{74}{56}$	

HOSPITAL ADMISSIONS AND DEATHS, BY RACES FOR ALL DISEASES.

Race.		${ m Admissions}.$	Deaths.		Case mortality per cent.	Admission rate per cent.
Chinese		25,597	 3,230		12.61 .	34.52
Indians'		39,616	 2,616		6.6 .	53.41
Malays		6,724	 156		2.3 .	9.06
Others	• • •	2,240	 83		3.7 .	3.01
Total	• • •	74,177	 6,085	• • •	8.20 .	100.0

The explanation of the higher mortality among Chinese patients, as shown above, is to be found in the comparative reluctance of the Chinese to enter hospital until disease is far advanced.

#### (2)—OUT-PATIENTS.

The total number of out-patients treated during the year is recorded as 632,223. This comprises those treated at all Government hospitals and dispensaries, including travelling

dispensaries, as well as patients visited in their own homes: it does not include those treated at Infant Welfare Centres, or at school inspections, nor does it include attendances at special clinics, e.g., social hygiene and ophthalmic clinics, all of which are recorded elsewhere in this report.

These out-patients can be classified under three headings:

		Male.		Female.		Total.
I.—At Hospitals		186,659		55,854		242,513
11.—At Stationary Dispensaries		155,200		48,393		203,593
III.—By Travelling Dispensaries		137,038		49,079		186,117
		710.005		149 990		
		518,897	• • •	143,326	• • •	632,223
	014 - 4 -			l. ol o		
The figures for the four	States		own		;	<i>a</i>
(1)Perak.		Male.		Female.		Total.
I.—At Hospitals		62,621		17,854		80,475
II.—At Stationary Dispensaries		70,890		25,411		96,301
111.—By Travelling Dispensaries		44,924		13,223		58,147
· ·						204.022
		178,435	• • •	56,488	• • •	234,923
		Male.		Female.		Total.
(2)—Selangor.		F# #00		7 4 7 45		E1 E90
I.—At Hospitals		57,589				
11.—At Stationary Dispensaries				14,886		
111.—By Travelling Dispensaries		47,320	• • •	16,840		64,160
		159,712		45,873		205,585
		NF.10		11		Total
(3)—Negri Sembilan.		Male.		Female.		Total.
I.—At Hospitals		26,245		7,889		34,134
11.—At Stationary Dispensaries		22,686		5,412		28,098
111.—By Travelling Dispensaries		14,217		5,809		20,026
		00.7.40		10.110		00.050
		63,148	• • •	19,110	• • •	82,258
		Male.		Female.		Total.
(4)—Pahang.		40.204		15 004		EC 160
1.—At Hospitals						
11.—At Stationary Dispensaries		6,821	• • •	2,684	• • •	9.505
111.—By Travelling Dispensaries		10.00		6.04		00.000
( /		19,835				28,882
(b) River		10,742		4,160	• • •	14,902
		77,602		31,855		109,457

A return of the diseases among out-patients is given in Table IV under the same main headings as those employed in the return of diseases for in-patients,

## (3)—LABORATORY AND POST-MORTEM EXAMINATIONS IN HOSPITALS.

#### 1.—Laboratory.

## (a).—Blood Film Examinations.

States.		Number	Number	Number positive for malarial parasites.						
			of patients examined.	Sub- tertian.	Benign tertian.	Quartan.	Mixed infection.	examina- tions of blood films.		
Perak			48,492	5,419	3,768	154	403	85,819		
Selangor			28,342	3,688	1,864	,192	106	52,685		
Negri Sembi	lan		20,224	2,823	1,350	254	176	40,778		
Pahang	• • •		13,337	2,171	1,253	138	326	32,844		
	Total		110,395	14,101	8,235	738	1,011	212,126		

In this table cases of mixed infection have been included also under the specific headings.

Sub-tertian malaria was again the commonest form of infection in all four States.

## (b).—Microscopical Examination of Faeces.

,		Number	Positive	Po	va.	Total number of	
State	•	patients examined.	for Entamœba histolytica.	Ascaris.	Ankylos- tome.	Mixed infection.	examina- tions.
Perak		39,298	452	10,415	3,701	1,451	56,297
Selangor	•••	18,903	128	4,488	2,632	796	29,885
Negri Sembi	lan	13,826	91	3,538	1,722	<b>5</b> 35	26,851
Pahang	• • •	10,961	50	1,728	902	611	26,658
	Total	82,988	721	20,169	8,957	3,393	139,691

## (c).—Post-Mortem Examinations.

		Medico-Leg	al.	Clinical.
Perak		 432		587
Selangor		 323		166
Negri Semb	ilan	 125		57
Pahang	• • •	 78	• • • •	38
	Total	 958		848

#### (4)—DISEASES AMONG EUROPEANS.

The figures for in-patients which follow may be taken as indicative of the incidence of serious disease among the general European population, since Government hospitals are open alike for Government servants and the general public, and no other hospitals or nursing homes are available.

In-patients.—The total number of admissions, exclusive of 80 cases of normal labour, was 920, and there were 12 deaths. The causes of deaths not recorded below were returned as arterio-sclerosis, hernia, diseases of the heart, nephritis and suicide.

Prevailing Diseases .-

Touting Discuses.							
*				Adn	aissio	ns.	Deaths.
Malaria—acute		•		• • •	92		1
Malaria—chronic					1		
Tonsillitis, pharyngi	tis,	etc.			76		
Admissions for the	pu	erper	al	state			
other than norma	ıl la	abour			34		
Dysentery, etc.					35		
Appendicitis					32		
Influenza					28		1
Wounds					18		
Fractures, etc.			• •		37		2

Of the malaria cases, benign tertian infection was definitely diagnosed in 44, and sub-tertian in 34. There were five cases of mixed infection, and only nine acute cases in which diagnosis was not confirmed microscopically.

*	•			
Other Diseases.—		Admission	ns.	Deaths.
Enteric fever	• • •	5		
Tropical typhus		8		1
Dengue		13		
Pulmonary tuberculosis		3		
Bronchitis	•••	12		
Diseases of the ear		11		_
Diseases of the nose		8		
Cancer		3		2
Leptospirosis		4		
Japanese river fever		3		1
Diabetes mellitus		2		
Diseases of the liver		8		
European Out-patients.—				
States. Male.		Female.		Total.
Perak 670		329		999
Selangor 1,204	• • •	534		2,507
Negri Sembilan 524	• • •	201		725
Pahang 654	• • •	519		1,173

The figures for out-patients refer mainly to Government servants and their families, since other European patients are usually treated by private practitioners. The large increase in the number of European out-patients shown under Pahang is due to the inclusion of the Gap and Fraser's Hill dispensaries in the figures of that State. Six hundred and ninety-two were treated as out-patients at these dispensaries.

#### (5)—SURGERY.

The following are the figures returned for surgical operations, excluding ophthalmic surgery, in all the hospitals in the four States:

			Major operations.	Minor operations.
Perak	• • •		688	 4,419
Selangor			771	 2,461
Negri Sembilan			288	 2,018
Pahang			24	 1,134
	Total	• • •	1,771	 10,032
•				

The number of major operations in the larger hospitals was as follows:

PERAK.									
District Hospital, Ipoh		378							
General Hospital, Taiping 36									
District Hospital, Taiping 112									
		148							
District Hospital, Teluk Anson		18							
European Hospital, Batu Gajah 26									
European Wards, Taiping 4									
		30							
SELANGOR.									
Tanglin Hospital, Kuala Lumpur		296							
District Hospital, Kuala Lumpur		226							
Bungsar Hospital, Kuala Lumpur		120							
NEGRI SEMBILAN.									
General Hospital, Seremban		254							
<i>x.</i> '									
European Hospital, Seremban	• • •	26							

The surgical reports from the three States where a surgical specialist is stationed are summarized in the following paragraphs:

(1) Perak.—Dr. T. W. H. Burne, Senior Surgeon, was in charge until 19th July when he was relieved by Dr. C. S. Wilson, Surgeon, from Negri Sembilan.

Comparative figures of the major operations performed in 1931 and 1932 are shown below:

	1931.	1932.
District Hospital, Ipoh	310	378
European Hospital, Batu Gajah	16	26
European Wards, Taiping	6	4
	332	408

(2) Selangor.—Mr. R. M. Dannatt was in charge at Kuala Lumpur during the whole of the year.

The figures shown below record the number of major operations performed in the three hospitals in Kuala Lumpur in 1931 and 1932. Emergency surgical work at the District Hospital is carried out by the Medical Officer in charge of that hospital.

		1931.	1932.
Tanglin Hospital	 	347	 296
Bungsar Hospital	 	125	 120
District Hospital	 • • •	169	 226
		641	 642

(3) Negri Sembilan.—Dr. C. S. Wilson was in charge until 17th July, 1932, when he proceeded to Ipoh. After his departure the surgical work was carried out by Dr. E. S. Lawrie, Medical Officer.

The figures below give the return of major operations performed in Seremban.

	1931.	1932.
General Hospital, Seremban	318 .	254
European Hospital, Seremban	33 .	26
	351 .	280

#### (6)—RADIOLOGY.

Kuala Lumpur.—Dr. C. F. Constant, Radiologist, was in charge until he proceeded on leave on 14th April, 1932, when Dr. E. C. Vardy took over his duties. Mrs. E. St. G. Johnston continued to act as Lady Assistant in Electro-therapy.

Ipoh.—Dr. J. J. O'Grady, Medical Officer, was in charge during the year.

Comparative Table of Work Done During the Last Two Years.

		X-Ray e	exami	nations.		Tre	atmen	ts.
		1931.		1932.		1931.		1932.
Lumpur		1,721		1,541		2,619		1,134
• • •		1,394		1,614		741		406
Total		3,115	• • •	3,155	•••	3,360	• • •	1,540
	•••	•••	1931.  Lumpur 1,721 1,394	1931.  Lumpur 1,721  1,394	Lumpur $1,721$ $1,541$ $1,394$ $1,614$ $1,614$	Lumpur $1,721$ $1,541$ $1,394$ $1,614$	Lumpur $1,721$ $1,541$ $2,619$ $1,394$ $1,614$ $741$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

In this table the X-Ray examinations represent the number of patients examined (repetitions being excluded), but the treatments refer to the total number of attendances for treatment.

In addition, a number of X-Ray examinations were made with the two portable sets in use in Perak and Selangor.

The new X-Ray installation purchased for Seremban was in use from 10th June, 1932, and is doing very valuable work.

### (7)—OPHTHALMOLOGY.

Special clinics for diseases of the eyes were in operation at the following centres:

#### I.—Perak—

- (a) Ipoh Hospital.—Dr. P. H. Hennessy, Ophthal-mologist, was in charge until 26th May, 1932, when he proceeded on leave prior to retirement. He was relieved by Dr. G. D. Gordon.
- (b) Taiping Hospital.—Dr. G. D. Gordon, Medical Officer, was in charge until he proceeded to Ipoh; he was succeeded by Dr. J. V. Thambar, Assistant Medical Officer.

#### II.—SELANGOR—

Kuala Lumpur Tanglin (late General) Hospital.—Dr. A. Viswalingam, Deputy Medical Officer, was in charge throughout the year.

#### III.—NEGRI SEMBILAN—

Seremban Hospital.—The new clinic, organised in 1930, continued to do good work under the charge of Dr. Tara Singh, Assistant Medical Officer.

#### IV.—PAHANG—

Kuala Lipis Hospital.—A new dark room was made available at the end of the year, and the Medical Officer has arranged a regular weekly clinic, refraction work being done in addition to treatment of eye diseases. It is hoped to develop this clinic into a centre for treatment of the more serious eye cases throughout the State.

The total number of patients treated in the four States was 8,823, of which 1,200 were in-patients and 7,623 out-patients (the figure records new cases, excluding repetitions and routine examinations).

TABULATED RETURNS.

•		Eye diseases proper.	Eye injuries.	Refraction.	General diseases affecting eyes.	Disorganised eyes.	Total.
D							
PERAK.  (1) Ipoh, In-patients ,, Out-patients (2) Taiping, In-patients ,, Out-patients		334 2,084 77 730	28 184 10 94	$\begin{array}{c} 2\\ 356\\ 4\\ 92 \end{array}$	5 25 8 6	8 31 6 3	377 2,680 105 925
SELANGOR. (1) Kuala Lumpur, In-patients ,, Out-patients		254 1,293	82 316	6 538	8 192	$\begin{array}{c} 34 \\ 14 \end{array}$	384 2,353
Negri Sembilan. Seremban, In-patients ,, Out-patients	•••	148 487	8 38	3 157	6 14	8	173 697
Pahang. In-patients Out-patients		157 928	3 29	1 11			161 968
Total In-patients ,, Out-patients		970 5,522	131 661	16 1,154	27 237	56 49	$\begin{vmatrix} 1,200 \\ 7,623 \end{vmatrix}$
GRAND TOTAL		6,492	792	1,170	264	105	8,823
	Aajo rati	or ons.		Ainor rations	Sub	o-conjur injectio	nctival ns.
~	130			248			
Taiping	1			63			
- 0	113			268		20	
Seremban	3	6		59		45	
Total	29:	2	-	638		65	

Amongst nationalities the Chinese again preponderated to an extent of over 50 per cent.

A comparison between the work done in 1931 and 1932 is set out below:

				1931.	1952.
Ipoh— In-patients Out-patients	• • •	• • •	•••	440 3,054	 377 2,680
Taiping— In-patients Out-patients		• • •	• • •	146 1,162	 105 925

,			1931.	1932.
Kuala Lumpur—				
In-patients	• • •		 498	 384
Out-patients		• • •	 2,180	 2,353
Seremban—				
In-patients			 230	 173
Out-patients	• • •		 545	 697
Pahang—				
In-patients			 138	 161
Out-patients			 1,028	 968

#### (8)—SOCIAL HYGIENE CLINICS.

During the year 25,207 patients were treated for venereal disease as against 31,817 patients in 1931.

The following table shows the nationality, diseases and number of those treated throughout the Federated Malay States for the years 1931 and 1932:

			Sypl	nilıs.	Gonor	rhœa.	Soft	Sore.	Total number.	
Nationality,			1931.	1932.	1931.	1932.	1931.	1932.	1931.	1932.
Chinese		• • •	10,424	8,054	4,059	3,698	840	455	15,323	12,207
Tamils	• • •		5,021	3,766	3,928	3,189	819	619	9,768	7,574
Malays			2,100	1,625	1,253	1,019	78	66	3,431	2,710
Sikhs			830	792	710	570	155	113	1,695	1,475
Eurasians			70	65	133	136	5	11	208	212
Europeans			87	53	350	234	27	8	464	295
Others	• • • •		510	403	366	308	52	<b>2</b> 3	928	734
	Total		19,042	14,758	10,799	9,154	1,976	1,295	31,817	25,207

A total of 62,874 injections of arsenical and bismuth compounds were given.

Propaganda.—The importance of this side of social hygiene work has been impressed on all in charge of State medical institutions. Posters in English and the vernacular languages are displayed at all hospitals and dispensaries and pamphlets in these languages are distributed. Lantern lectures were continued during the year. A Social Hygiene Section was on view at the Public Health Exhibition at the Malayan Agri-Horticultural Association held in August and was very well attended.

It will be noticed that there has been a further reduction in the total number of cases of venereal disease treated at Government clinics. There has been a steady reduction since the "peak" year 1929, the annual totals being:

1929		• • •	 	 40,802
1930	• • •		 	 35,734
1931	• • •		 	 31,817
1932	• • •		 	 25,207

#### (9)—WOMEN'S HOSPITALS.

The admissions to the three hospitals, at Kuala Lumpur, Kuala Pilah and Pekan, were slightly fewer than in 1931.

In addition to the treatment of in-patients, these hospitals serve as centres for medical work among women in the kampongs in the district.

The training of 'bidans' (native midwives) by the Lady Medical Officer and European Sisters at Kuala Kangsar Women's Hospital, for work in the kampongs, continued during the year. The number of cases treated in the Kuala Kangsar and Lower Perak districts by these midwives were 953 antenatal and 945 post-natal cases.

The European Sister engaged in itinerant work in the kampongs in the Kuala Kangsar district continued in this work throughout the year.

#### (10)—NEW BUILDINGS.

Kuala Lipis.—The following buildings were completed at the reconstructed Kuala Lipis Hospital:

Administration block.—The ground floor, providing accommodation for the offices and consulting rooms, store, laboratory, dispensary, and out-patient departments.

First floor.—Matron's office, labour room, second and third class maternity wards, isolation room, first and second class cubicles for females and third class female wards. The central kitchen was also completed.

#### STATE OF PERAK.

No new buildings were erected during the year under review.

### STATE OF SELANGOR.

Kuala Lumpur.—Bungsar Hospital: a modern sanitary system has been installed, as also wash basins with running water, in all wards.

Klang.—District Hospital: extensive repairs to the hospital buildings were carried out.

#### STATE OF NEGRI SEMBILAN.

Kuala Pilah.—Women's Hospital: a laboratory was converted into a ward for the ladies of the household of H.H. the Yang Di-Pertuan Besar of Negri Sembilan.

#### STATE OF PAHANG.

Pekan.—Women's Hospital: Two-storied forty-bed ward completed.

The quarters formerly occupied by the Nursing Sister were converted into a ward for members of the Royal Family.

# VII.—INSTITUTIONS FOR MENTAL DISEASES AND FOR LEPROSY.

#### A.—CENTRAL MENTAL HOSPITAL.

The number of patients under treatment in the hospital at the end of the year was 66 more than at the beginning of the year, the figures being 2,572 and 2,506 respectively. In 1931 a decrease of 82 was reported; but the two years cannot be directly compared, as it was in 1931 that the practice of discharging patients as relieved, to the care of their friends, was first instituted as a definite means of reducing the large number of patients in the hospital. As a result, in 1931, it was possible to effect the discharge of a large number of patients who were relieved of their acute mental symptoms and who had been inmates of the Mental Hospital for several years. The majority of these patients having been discharged in 1931, very few of the same type remained to be discharged. In 1932 those discharged as relieved were mainly those admitted during the year. Figures for the last three years are shown in the following table:

	Remaining at end of 1930.				emainin nd of 1		Remaining at end of 1932.		
	М.	F.	Total.	М.	F.	Total.	M.	F.	Total.
FEDERATED MALAY STATES UNFEDERATED MALAY STATES.—	1,602	530	2,132	1,544	571	2,115	1,597	612	2,209
Kedah Kelantan	192 9	55 3	$\begin{array}{c} 247 \\ 12 \end{array}$	162 6	59 4	$\begin{array}{c} 221 \\ 10 \end{array}$	154	55 3	209 9
Perlis 1ST CLASS PATIENTS :	13 1	$\frac{6}{3}$	$\frac{19}{4}$	11	5	16	11	5	16
Criminals	170	4	174	139	5	144	126	3	129
Total	1,987	601	2,588	1,862	644	2,506	1,894	678	2,572

#### Admissions.

	1930.				1931.		1932.		
	М.	F.	Total.	M.	F.	Total.	M.	F.	Total.
FEDERATED MALAY STATES UNFEDERATED MALAY STATES.—	658	193	851	553	216	769	500	211	. 711
Kedah Kelantan Perlis		24	78	49	21 1	70 1	46 1 1		54 1 1
1ST CLASS PATIENTS CRIMINALS	34	2 4	38	38	2	40	39	1	40
Total	749	223	972	640	240	880	587	220	807

Admissions by nationality are shown hereunder:

	•	19	930.	1	931.	1932.			
		Males.	Females.	Males.	Females.		Males.	Females.	
Europeans		3	-	 	_		-	-	
Eurasians		3	2	 1			2	1	
Chinese		339	84	 309	102		267	91	
Indians		237	78	 201	90		198	86	
Malays		104	41	 116	32		113	33	
Javanese		14	2	 8	10		6	7	
Others		16	12	 5	6		1	2	

The number of admissions during the year was 73 less than during 1931. This decrease is probably due to the smaller population now in the country, and not due to any decrease in the incidence of insanity.

Confusional insanity, primary dementia (dementia praecox) and melancholia head the diagnosis list as in former years, and the opinion expressed in the report on the Central Mental Hospital for the year 1931 regarding the incidence of toxic factors in the aetiology still holds good.

An investigation was made into the incidence of hookworm infection in the patients, and the results of careful examination showed a high percentage of infection among the cases examined. The Medical Superintendent considers this to be an indication of the significance of ankylostomiasis as an aetiological factor of insanity, demonstrated for the first time by direct evidence in Malaya, though of course previously recognized in other countries. As a result of this investigation, and aided by the new technique instituted, an attempt is being made, by treating all new admissions who are found to be suffering from hookworm, to get an earlier recovery and consequent earlier discharge.

The total number of patients discharged from the hospital during the year was 534. This is 213 less than in the year 1931.

The Medical Superintendent reports:

"The recovery rate is 32.34 per cent. on the admissions. This compares unfavourably with the rate of 43.86 per cent. for 1931 which was the highest for several years. The reason for this smaller rate is in my opinion due to the operation of the principle that it is more desirable to discharge a patient to the care of his friends when relieved of his acute mental symptoms (and is thus not accounted for in the above recovery rate) than to wait for several weeks, or even months, until he is cured."

"It may be said that the risk of relapse is greater when a patient is discharged before complete cure is established. I have not been able to collect figures to show the number of these patients readmitted within a short period of their discharge, but I have gained the impression that the number is not appreciably greater than in years when this principle was not in force."

"This principle of early discharge has now been in operation for nearly two years, and I have formed the opinion that it is working successfully. The success is due, to a great extent, to the fact that most of the patients are of the peasant or cooly class and are consequently able the more readily to re-adapt themselves to life though showing a certain amount of mental deterioration. A higher class of patient would find it more difficult to adjust himself and the practice would not therefore be so successful."

"There were fewer deaths during the year than last year, the numbers being 181 in 1932 and 188 in 1931. The rate is 5.46 per cent. on the total treated, and 7.0 per cent. on the daily average."

The total expenditure on the hospital during the year was \$345,310.54, a decrease of \$14,762.14 on the previous year.

The Medical Superintendent reports an increase in the number of Malays employed as attendants, from five at the beginning of 1931 to 67 at the end of the year under review.

Appended is a table showing the classification of patients treated during the year.

-	Ren	naining d of 195	31.	A	dmitte	d.	Di	scharg	es.
ACongenital.	М.	F.	T.	М.	F.	т.	М.	F.	T.
1. Intellectual— (a) With epilepsy (b) Without epilepsy	$\begin{array}{c} 1 \\ 56 \end{array}$	17 18	18 74	3 14	5 11	8 25	3 8	 5	3 13
2. Moral B.—Insanity Occurring Later in Life.	•••			1	9	1	•••		•••
1. Insanity with epilepsy 2. General paralysis of the insane 3. Insanity with gross brain lesion	66 63 1	18 5	84 68 1	5 13	1 5 2	$egin{array}{c} 6 \ 18 \ 2 \end{array}$	4 4	 1	5 4 1
4. Confusional insanity 5. Primary dementia 6. Manic depressive—	251 605	58 203	309 808	244 80	20 55	$\begin{array}{c} 264 \\ 135 \end{array}$	189 56	10 27	199 83
(a) Simple (b) Mania (c) Melancholia (d) Alternating insanity	112 262 17	81 130 9	193 392 26	25 17 50 	$\begin{array}{c} 30 \\ 10 \\ 46 \\ \cdots \end{array}$	55 27 96 	14 22 28 2	21 4 46 2	35 26 74 4
7. Delusional insanity— (a) Systematised (paranoia) (b) Non-systematised 8. Post encephalitis lethargica	18 48 5	6 7	24 55 5	32 . 7	2 1	34 8 	3 10 	3	3
9. Dementia— (a) Senile (b) Secondary	142 215	$\begin{array}{c} 42 \\ 50 \end{array}$	184 265	50 25 5	18 11 2	68 36 7	22 30 3	10 4 2	32 34 5
10. Not insane 11. Under observation				16	1	17			
Total	1,862	644	2,506	587	220	807	398	136	534
				1			II		
	Al	sconde	ed.		Died.			nainin d of 19	
A.—Congenital.	M.	F.	r.	м.	Died.	т.			
1. Intellectual— (a) With epilepsy (b) Without epilepsy	M	F	т.	$\frac{1}{6}$	F. 1 2	$\frac{2}{8}$	M 56	F. 21 22	32.
1. Intellectual— (a) With epilepsy (b) Without epilepsy 2. Moral B.—INSANITY OCCURRING	М.	F.	т.	1	F.	2	M.	d of 19 F.	32. T.
1. Intellectual—  (a) With epilepsy (b) Without epilepsy 2. Moral  B.—Insanity Occurring Later in Life.  1. Insanity with epilepsy 2. General paralysis of the insane 3. Insanity with gross brain lesion	M	F	T	1 6 	F. 1 2 3 5 1	2 8  6 20 1	M 56 1 64 57 1	f. 21 22 15 6	32. T. 21 78 1
1. Intellectual—  (a) With epilepsy (b) Without epilepsy 2. Moral  B.—Insanity Occurring Later in Life.  1. Insanity with epilepsy 2. General paralysis of the insane 3. Insanity with gross brain lesion 4. Confusional insanity 5. Primary dementia	M	F	T	1 6  3 15	F. 1 2 3 5	2 8  6 20	M 56 1 64 57	f. 21 22 15 6	32. T. 21 78 1
1. Intellectual—  (a) With epilepsy (b) Without epilepsy 2. Moral  B.—Insanity Occurring Later in Life.  1. Insanity with epilepsy 2. General paralysis of the insane 3. Insanity with gross brain lesion 4. Confusional insanity 5. Primary dementia 6. Manic depressive—  (a) Simple (b) Mania (c) Melancholia (d) Alternating insanity	M	F	T	1 6  3 15	F.  1 2 3 5 1 5	2 8  6 20 1 24	M 56 1 64 57 1 274	f. 21 22 15 6 65	32. T. 21 78 1 79 62 1 339
1. Intellectual—  (a) With epilepsy (b) Without epilepsy 2. Moral  B.—Insanity Occurring Later in Life.  1. Insanity with epilepsy 2. General paralysis of the insane 3. Insanity with gross brain lesion 4. Confusional insanity 5. Primary dementia 6. Manic depressive—  (a) Simple (b) Mania (c) Melancholia (d) Alternating insanity  7. Delusional insanity—  (a) Systematised (paranoia) (b) Non-systematised	M 11 5 1 2 4 1	F	T 11 5 2 2 4 1	1 6 3 15 19 22 9 12 6	F.  1 2 3 5 1 5 9 6 2 5 1	2 8  6 20 1 24 31 15 14 11 1	M.  56 1  64 57 1 274 602 1 93 274 15 45 41	15 65 222 2 85 125 6	T.  21 78 1 79 62 1 339 824 3 178 399 21 52 46
1. Intellectual—  (a) With epilepsy (b) Without epilepsy 2. Moral  B.—Insanity Occurring Later in Life.  1. Insanity with epilepsy 2. General paralysis of the insane 3. Insanity with gross brain lesion 4. Confusional insanity 5. Primary dementia 6. Manic depressive—  (a) Simple (b) Mania (c) Melancholia (d) Alternating insanity  7. Delusional insanity—  (a) Systematised (paranoia) (b) Non-systematised  8. Post encephalitis lethargica  9. Dementia—  (a) Senile	M 11 5 2 4 1	F	T 11 5 2 2 4	1 6  3 15  19 22 9 12 6  2 3 	F.  1 2 3 5 1 5 9 6 2 5 1 9	2 8  6 20 1 24 31 15 14 11 1 1 3 3 	M.  56 1  64 57 1 274 602  1 93 274 15 45 41 5	d of 19  F.  21 22  15 6 65 222  2 85 125 6 7 5 41	32.  T.  21 78 1 79 62 1 339 824 3 178 399 21 52 46 5
1. Intellectual—  (a) With epilepsy (b) Without epilepsy 2. Moral  B.—Insanity Occurring Later in Life.  1. Insanity with epilepsy 2. General paralysis of the insane 3. Insanity with gross brain lesion 4. Confusional insanity 5. Primary dementia 6. Manic depressive—  (a) Simple (b) Mania (c) Melancholia (d) Alternating insanity  7. Delusional insanity—  (a) Systematised (paranoia) (b) Non-systematised  8. Post encephalitis lethargica  9. Dementia—	M 11 5 2 4 1	F	T 11 5 2 2 4 1	1 6  3 15  19 22 9 12 6 	F.  1 2 3 5 1 5 9 6 2 5 1	2 8  6 20 1 24 31 15 14 11 1 1 3 3	M.  56 1  64 57 1 274 602  1 93 274 15 45 41 5	15 6 65 222 2 85 125 6 7 5	T.  21 78 1 79 62 1 339 824 3 178 399 21 52 46 5
1. Intellectual—  (a) With epilepsy (b) Without epilepsy 2. Moral  B.—Insanity Occurring Later in Life.  1. Insanity with epilepsy 2. General paralysis of the insane 3. Insanity with gross brain lesion 4. Confusional insanity 5. Primary dementia 6. Manic depressive—  (a) Simple (b) Mania (c) Melancholia (d) Alternating insanity  7. Delusional insanity—  (a) Systematised (paranoia) (b) Non-systematised 8. Post encephalitis lethargica 9. Dementia—  (a) Senile (b) Secondary  (b) Not insane	M 11 5 2 4 1	F	T 11 5 2 2 4 1	1 6 3 15 19 22 9 12 6 2 3 18 13 1	F.  1 2 3 5 1 5 9 6 2 5 1 9 1	2 8  6 20 1 24 31 15 14 11 1 3 3  27 14 1	M.  56 1  64 57 1 274 602  1 93 274 15 45 41 5 152 196 1	d of 19  F.  21 22  15 6 65 222  2 85 125 6 7 5 41 56	32. T. 21 78 1 79 62 1 339 824 3 178 399 21 52 46 5 193 252 1

#### B.—LEPER SETTLEMENTS.

#### 1.-Federal Leper Settlement, Sungei Buloh.

The Leper Settlement at Sungei Buloh consists mainly of a number of small detached houses designed to accommodate two, four or six people, arranged in groups, the whole assemblage constituting a large village. Each group has its own communal bathing and sanitary building, but each house is provided with a separate kitchen, and has its own garden. The "village" is divided into four sections, allowing for four separate communities, viz., married couples, single men, single women, and Indians.

In addition to these small houses there are twelve large buildings in the form of hospital wards, each containing about twenty beds. There are many other buildings, including the administration offices, dispensary and treatment centre, and so forth. There is a school for the children, and there are two clubs.

The Settlement is lit throughout with electric light. A piped water supply is carried to every part, and there is a complete system of water flushed latrines and sewerage, with septic tank installations.

The buildings are pleasantly situated on the slopes of a hill, and the surrounding area is utilised for vegetable gardens and pig farms. The valleys and ravines around the Settlement have all been dealt with by a complete system of permanent antimalarial drainage.

Dr. A. G. Badenoch was in charge until 27th of April when Dr. G. A. Ryrie returned from leave. In August Miss Goulding was appointed Matron.

STATISTICAL TABLE OF THE PATIENTS.

				•					
Nationality.	Patients remained on 31st Dec., 1931.	New cases admit- ted during 1932.	Readmissions during 1932, i.e., patients return from absconding, etc.	Total cases treated.	Discharged.	Transferred.	Absconded.	Died.	Patients remaining on 31st Dec., 1932.
Chinese Indians Javanese Malays Eurasians Japanese European Others	 789 187 7 6 5 1  1	219 64 1 7 1  1 	37 20  2 1  	1,045 271 8 15 7 1 1 1	44 43  1 1  	35 3  2 1  	43 31    74	51 9  1   61	872 185 8 12 4  1 

Discharges.—Ninety-one cases were discharged during the year as being free from danger to the public.

The following is an extract from the Medical Superintendent's report:

#### SPECIFIC TREATMENT.

- (a) Alepol.—Seventy-nine cases were given courses of Alepol throughout the year. The average number of injections was 35 per patient, given intravenously in doses up to 5 c.c. twice weekly. None of the cases seemed to get a great deal of benefit, and 62 per cent. showed either no change or were worse. Intravenous injections of Alepol are therefore not being continued.
- (b) Tai Foong Chee.—Much of the popularity of this drug is due to the fact that it is not an injection. It appears to act by the induction of a mild reaction. About 350 patients have received courses of Tai Foong Chee throughout the year. Forty per cent. of cases either show no improvement or are worse, 60 per cent. either claim that they are better or are observed to have improved. Tai Foong Chee does not appear to be a safe drug to administer in early cases as there is a definite risk of inducing a more rapid spread of leprosy. Later and more indurated cases appear to be prevented from getting worse as a rule.
- (c) Esters.—The number of cases on esters was increased from 26 in the first half of the year to 225 in the second half. This still represents a lower percentage of patients on esters than is desirable. 62 per cent. show improvement on six months treatment. Seventy-eight cases received intradermal esters. This number again could be greatly increased with benefit. Eighty-nine per cent. of these cases show at least local improvement and a greater extension of this treatment combined with intramuscular esters is indicated.

Treatment in all these cases has been given for five months per half year, with one month's rest for assessment and re-examination of cases. On an average of 1,000 patients, 683 have been treated by one and other of the above stated treatments. The remainder include hospital and experimental cases together with a number too old or decrepit to benefit by treatment.

Hospital Cases.—Five hundred and fifty-one cases were treated in hospital. Roughly half these cases were diseases due directly to leprosy, the other half being general, medical or surgical cases:

One hundred and forty cases of lepra reaction were admitted as being sufficiently severe to require hospital treatment. There were no deaths. In 1930 sixty-five cases of lepra reaction were treated. The increase in number is largely to be accounted for by the increased faith of the patients in the hospital and in the new methods of treatment.

Treatment of reaction has been greatly developed throughout the year in the following ways;

Mercurochrome.—220 Soluble was used for a number of cases. This drug has already been used in India with very good effect. We have given this drug intravenously in doses of 5-10 c.c. of a two per cent. solution. The effect in reaction is often striking.

Eosin and Fluorescein.—Eosin in doses of from 10-25 c.c. of a two per cent. solution has been given intravenously in a number of cases of reaction. Fluorescein two per cent. dissolved in two per cent. sodium bicarbonate has also been used, and these are now part of the routine treatment of this condition here. Properly administered they give no rise of temperature (unlike Mercurochrome), are well tolerated, and appear to be an advance on any other treatment so far recommended. The control of this distressing condition obtained by these drugs is one of the most satisfactory aspects of the year's work both to patients and staff.

Calcium.—The report of the Leonard Wood Memorial Conference on Leprosy recommends the administration of large doses of calcium and alkalis in reaction. We have not found this to be of value and consider it to be physiologically unsound. A mixture of calcium, cod-liver oil and acid sodium phosphate was therefore substituted and an obvious improvement in the condition of the cases was observed. Proof of this by estimation of serum calcium, etc., is being completed.

The Pharmaceutical Chemist, Selangor, supplied us along the year with locally made calcium glucinate in bottles ready for intravenous injections. This has proved of great benefit. 10-20 c.c. of the solution are injected intravenously. This treatment is sufficient by itself to control milder cases of reaction and in severer cases is a most valuable adjuvant to treatment by eosin or fluorescein. It causes less disturbance to the patient than intravenous calcium chloride. Calcium chloride injected intravenously causes intense irritation and sloughing of tissues if there is any leakage: calcium glucinate is non-irritating.

Calophyllum Oil.—Esters of this oil were obtained in 1930 from Fiji and were tried out with success in a number of cases of nerve pains and "nerve reaction". We have found (a) that this is an oil commonly used locally by Indians under the name of Vepenny oil, (b) that the purified oil injected intramuscularly is just as effective as the esters, (c) that its effect on nerve pains is just as marked in most cases as that of ephedrine while the relief induced by the oil is more lasting, (d) three cases of herpes zoster showed improvement after injection of 3 c.c. into the sacrospinalis muscle.

The above methods have given us a very much more satisfactory control over the pain and distress associated with the acuter phases of leprosy. Experiments along these lines are still continuing.

Laboratory Work.—Two thousand eight hundred and forty-three microscopic examinations of skin smears were done in 1932, as compared with 1,108 in 1931. In addition a number of

sections of post-mortem and other material were made, and also examinations of films from defibrinated circulating blood, etc. A number of alternative staining methods have been experimented with: none of these have so far proved of value.

Experimental Work.—A number of tentative experiments were made throughout the year with Chinese and Malay remedies but no indication was obtained of any possible avenue of treatment. An attempt was made to desensitise two cases by injecting increasing doses of serum from a reaction case. A number of drugs were injected intradermally in selected cases and compared with controls on intradermal esters. One or two patients were put on ketone diet, high sugar diet, etc., none of these experiments proved of value.

Eighty-five selected cases were treated experimentally with injections of dyes. Over twenty dyes were used and the following results obtained:

(a) A large number of dyes injected intravenously showed a selective affinity for the cutaneous leprotic lesion i.e., the leprotic lesion became the colour of the dye while the surrounding skin remained normal. Four of these dyes trypan blue, brilliant green, fluorescein and eosin caused retrogression of the lesions in a number of cases. A comparatively large percentage treated became bacteriologically those SO The negative. details and results and still very puzzling are full of haphazard Further work is being conducted along these lines.

#### GENERAL TREATMENT.

A very definite advance in the nursing, ward management and out-patient organisation has been effected by the provision of a Matron. The women's ward has been reorganised under proper nursing conditions. The inmate-dressers receive lectures in nursing, medicine, hygiene and leprosy, and the result is that every educated patient who is fit to work is now undertaking volunteer duty of one kind or another. This increased supervision and improvement in atmosphere has made it possible to effect a number of economies without opposition or grumbling. Minor ailments of the children, of whom there were about 80, are now dealt with, and the children are medically inspected weekly. The advent of a Matron has also made possible the study of the relation between minor gynaecological disorders and the spread of leprosy. At present data are being gathered for a consideration of the effect of menstruation on the febrile aspect of leprosy.

A greater supervision of drugs, dhobie work, etc., and an elimination of a certain amount of waste has been effected. The improvement in nursing has led to a perceptible lowering of the death-rate.

Surgery.—Twelve major operations were conducted with one death. The main type of operation here is operation in the case of gangrene of the hand or foot. When minor operations—mainly removal of sequestra and decaying tissues—are included the number rises to 6,784. As this does not include minor bandaging and dressing it will be seen that the surgical side is a big drain on costs and energy. Experiments are being made with a view to finding cheaper and more effective methods of dealing with this problem.

Dental.—Four hundred dental operations have been carried out. The clinic has proved of definite benefit in controlling the minor debilities which encourage the spread of leprotic lesions.

Anti-syphilitic.—Two difficulties have confronted us throughout the year (i) that leper patients with much involvement of the skin do not tolerate large doses of arsenicals or bismuth, (ii) that of 690 patients 43.48 per cent. have both Wassermann and Kahn reactions positive. It is difficult to believe that nearly half of the cases here have active syphilis. The present tendency among leprologists however is towards the view that the Kahn test is not influenced by leprosy. The situation is therefore obscure. Selected cases with a history of chancre or clinical evidence of syphilis have therefore been treated. Two hundred and forty-seven cases were given partial or complete course during the year. The results are not yet ready for consideration.

#### SOCIAL.

During the year a women's club and an Indian club have been opened and an attempt made to stimulate the playing of games. Vegetable gardens and piggeries have increased, and there has been a much greater development of flower gardens. Subscriptions to the Lepers Aid Fund have decreased owing to the slump; but public interest in the Settlement appears to have increased as there have been a very large number of visitors. The usual social activities—sports, cinema shows, dramatic entertainments, etc., have been carried on. There is a good deal less cynicism about treatment, and a more hopeful atmosphere generally.

#### 2.—Leper Asylum, Kuala Lumpur.

This asylum was re-opened in March, 1931, for the accommodation of opium smoking lepers for all the Settlements in Malaya.

The number remaining at the end of 1931 was 443. During the year there were 70 deaths, and the number remaining at the end of the year was 373.

The majority of the inmates have no wish for anti-leprosy treatment.

The asylum is under the control of the Medical Superintendent of the Sungei Buloh Settlements.

### 3.—Leper Settlement for Malays, Pulau Pangkor Laut.

There were ten admissions and three deaths during the year; the number remaining at the end of the year was 81, 57 males and 24 females. Three cases were discharged during the year.

Tai Foong Chee with Foh Mah Yean and Chaulmoogra oil treatment was continued, and injections of anti-leprol were given.

The immediate control of this Settlement is under the Deputy Medical Officer, Lumut, acting under the supervision of the Medical Superintendent, Sungei Buloh Leper Settlements.

# VIII.—PRISONS, CRIMINAL VAGRANT WARDS AND DECREPIT SETTLEMENTS.

#### A .- GAOL HOSPITAL AND CRIMINAL VAGRANT WARDS.

		1931.				
and the second s	Admissions.	Deaths.	Case mortality per cent.	Admissions.	Deaths.	Case mortality per cent.
PERAK. Taiping Gaol Decrepit Settlement, Taiping Batu Gajah Gaol	237 180 202	3 9 	1.26 5.00 	$\begin{array}{ c c c }\hline 110 \\ 72 \\ 229 \\ \end{array}$	4 2 2	3.63 2.78 0.87
SELANGOR.  Kuala Lumpur Gaol and Criminal Vagrant Ward	234	3	2.24	136	2	1.55
Seremban Gaol and Criminal Vagrant Ward		• • •		179	3	1.67
Kuala Lipis Gaol and Criminal Vagrant Ward Kuantan Gaol and Criminal Vagrant Ward	21 37			9 37		
Total	934	15	1.60	772	13	1.68

#### B.—DECREPIT SETTLEMENTS.

The majority of decrepits are accommodated at the Decrepit Settlement, Sungei Buloh, which is situated about three-quarters of a mile from the new Leper Settlement. It consists of 28 wards, each ward containing 24 beds, all the wards being connected by covered passages. Other buildings include an administration block, containing offices and a dispensary, a large dining hall, with a well-equipped kitchen, and two large workshops where the inmates can carry on their trades.

The Settlement is provided throughout with electric lighting, and a complete water supply. There are baths to every ward and water-flushed latrines, with a septic tank installation.

Dr. A. G. Badenoch was in charge until 27th April when Dr. G. A. Ryrie returned from leave.

RETURN	OF	Армі	SSIONS	AND (	DASUALTIES.
TOTALOTON	Or	TYDMI	CAUTOC	AIVII	JASUALILES.

State.		Remained on 31st Dec., 1931.	Admissions.	Discharges.	Transfers.	Absconded.	Deaths.	Remaining on 31st Dec., 1932.
Perak Selangor Negri Sembilan Pahang	•••	 $61 \\ 458 \\ 92 \\ \dots$	7 180 27 3	7 61 30	$egin{array}{c} 1 \\ 7 \\ 4 \\ \ldots \end{array}$	1 75 9 	4 40 5 	55 455 71
	Total	 611	217	98	12	85	49	584

#### IX.—INSTITUTE FOR MEDICAL RESEARCH.

The report of the Institute for Medical Research, which in past years has formed a bulky Appendix to the Annual Medical Report, is this year issued as a separate publication.

The report contains full information of the routine work carried out, as well as a detailed account of the research work. Among the features of general interest are the following:

(1) Malaria.—Investigation was carried out throughout the year into the comparative value of atebrin and quinine, among both hospital patients and estate labourers. The results were definitely in favour of the new drug.

The efficiency of the cinchona mixture known as "totaquina", as recommended for use by the Malaria Commission of the League of Nations, was tested on a number of hospital patients: this investigation was not completed at the end of the year.

Researches in connexion with the experimental feeding of various species of Malayan anophelines on human gametocyte carriers were continued, with a view to elucidating several obscure factors in the transmission of the disease.

Laboratory and field experiments were continued, on an extensive scale, into the relative efficiency of different mixtures of anti-larval oils.

(2) Tropical Typhus.—Research into the aetiology of this disease has long been a prominent feature of the work of the Institute. Further serological and immunological investigation of strains of both types of typhus and of Japanese river fever has resulted in a definite advance in knowledge.

- (3) Enteric Fevers.—The epidemological features of enteric fevers as they occur in Malaya were the subject of investigation, and work was continued on the culture of the organism as a diagnostic aid.
- (4) Preparation of Vaccine Lymph.—The number of doses issued was 561,000. Investigation was made into the rate of deterioration of lymph over varying periods of time.
- (5) Wassermann and Kahn Tests.—The total number of specimens examined was 18,200.
- (6) Water Analysis.—The number of samples of water submitted for examination was 2,638.

The writer of this report went on leave on the 1st April, 1932, and Dr. R. D. Fitzgerald acted as Adviser, Medical and Health Services, from that date until the end of the year.

C. J. WILSON,
Adviser, Medical and Health Services,
Malay States.

#### TABLE I.

# STAFF OF THE MEDICAL AND HEALTH DEPARTMENT ON 31st DECEMBER, 1932.

- 1 Adviser, Medical and Health Services
- 1 Secretary to Adviser

#### MEDICAL BRANCH.

- 4 State Medical and Health Officers
- 2 Deputy State Medical and Health Officers
- 2 Surgeons
- 1 Radiologist
- 1 Chief Medical Officer, Social Hygiene
- 1 Anaesthetist
- 27 Medical Officers
  - 6 Lady Medical Officers
  - 2 Pharmaceutical Chemists
  - 2 Senior Deputy Medical Officers
  - 7 Deputy Medical Officers
- 46 Assistant Medical Officers
  - 5 Hospital Assistants, Special Grade
  - 1 Staff Assistant, Bungsar Hospital, Kuala Lumpur
- 52 Hospital Assistants, Grade I
- 259 Dressers, Grade II
  - 2 X-Ray Assistants, Grade II
- 130 Dressers, Grade III
  - 2 X-Ray Assistants, Grade III
  - 9 Probationer Dressers
  - 5 Matrons, Grade I
  - 5 Matrons, Grade II
  - 61 European Nursing Sisters (including 7 at Infant Welfare Centres)
    - 1 Lady Assistant to Radiologist
- 173 Asiatic Nurses (including 21 at Infant Welfare Centres)
  - 30 Asiatic Midwives

#### HEALTH BRANCH.

- 19 Health Officers (including one in Railway Department)
  - 4 Lady Medical Officers
  - 1 Dental Surgeon
  - 2 Chief Sanitary Inspectors (one seconded to Sanitary Board)
  - 1 European Steward at Quarantine Camp, Port Swettenham
  - 3 Assistant Health Officers
  - 1 Hospital Assistant, Special Grade
  - 4 Senior Health Inspectors, Grade I
- 3 Senior Health Inspectors, Grade II (including one in Railway Department)
- 12 Health Inspectors, Grade I (including one in Railway Department)

- 31 Health Inspectors, Grade II
  - 1 Probationer Health Inspector
  - 7 Vaccinators
  - 1 Dental Mechanic

#### INSTITUTE FOR MEDICAL RESEARCH.

- 1 Director
- 1 Bacteriologist
- 1 Pathologist
- 2 Malaria Research Officers
- 1 Entomologist
- 1 Chief Chemist
- 3 Chemists
- 1 Deputy Medical Officer (Assistant Bacteriologist)
- 2 Assistant Medical Officers
- 1 Laboratory Assistant, Special Grade.
- 4 Laboratory Assistants, Grade I
- 6 Laboratory Assistants, Grade II
- 11 Laboratory Assistants, Grade III
  - 1 Probationer
  - 1 Shorthand Typist
  - 1 Storekeeper

#### CENTRAL MENTAL HOSPITAL.

- 1 Medical Superintendent
- 1 Assistant Medical Superintendent
- 2 European Male Nurses
- 1 European Sister
- 1 Senior Assistant Physician (Senior Deputy Medical Officer)
- 3 Assistant Physicians (Assistant Medical Officers)
- 1 Inspector
- 1 Assistant Inspector
- 3 Dressers, Grade II
- 1 Dresser, Grade III
- 1 Probationer
- 3 Nurses
- 1 Workmistress
- 1 Farm Overseer

#### SUNGEL BULOH SETTLEMENTS.

- 1 Medical Superintendent
- 1 Assistant Medical Officer
- 1 Matron, Grade II
- 1 Hospital Assistant, Grade I
- 3 Dressers, Grade II
- 1 Probationer

Table II.

STATEMENT OF REVENUE AND EXPENDITURE UNDER 
"PERSONAL EMOLUMENTS" AND "OTHER CHARGES", 1932.

	Personal	Other Charges.					
Expenditure Detailed.	Emoluments.	Annually Recurrent.	Special Expenditure,				
1. Adviser, Medical and Health Services, Malay States 2. Director, Institute for	\$ c.	\$ c. 15,952 66	\$ c.				
Medical Research, F.M.S.  3. College of Medicine, Singapore	143,440 97 90,878 09	44,288 44 36,302 37	3,616 50 1,923 91				
Central Mental Hospital, Tanjong Rambutan 5. State Medical and Health Officer, Perak	76,644 $53$ $875,213$ $45$	276,548 49 561,512 56	1,471 08				
<ul> <li>6. State Medical and Health Officer, Selangor</li> <li>7. State Medical and Health Officer, Negri Sembilan</li> </ul>	763,142 00 365,832 68	433,434 00	3,033 00 6,158 00				
8. State Medical and Health Officer, Pahang 9. Medical Superintendent, Sungei Buloh Settlements,	261,572 11	167,343 26	5,828 24				
Sungei Buloh	30,972 41	253,014 76	124 00				
Total	2,731,826 52	2,006,650 55	22,154 73				

Revenue for 1932, hospital fees, licences, etc. 1. Adviser, Medical and Health Services, Malay States 4,790 25 2. Director, Institute for Medical Research. Federated Malay States 22,080 35... 3. College of Medicine, Singapore 1,175 004. Medical Superintendent, Central Mental Hospital, 65,282 47 Tanjong Rambutan 5. State Medical and Health Officer, Perak 75,152 47 6. State Medical and Health Officer, Selangor 85,185 00 27,647 29 7. State Medical and Health Officer, Negri Sembilan 8. State Medical and Health Officer, Pahang 10,767 09 9, Medical Superintendent, Sungei Buloh Settlements 17,097 89

TABLE III.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS)

FOR THE YEAR 1932.

FOR TI	1.12	YEAR	1932.			
		i.i.	Yearly	total.		
			Js.		92	Remaining in hospital at end of 1932.
Diseases.		Remaining hospital at end of 1931.	Admissions	ø.	Total cases treated.	nin Eal
		nai spir	nis	ths	al c	na: spit
		Prenden	Var.	Deaths.	Pot	Ren
			1			1
T 70 T						
I.—EPIDEMIC, ENDEMIC, AND INFECT	Ious	ĺ				
DISEASES.						
1. Enteric group						
(a) Typhoid fever		20	209	53	229	27
(b) Paratyphoid A	• • •	1	16	2	17	1
(c) Paratyphoid B	• • •		3		3	
(d) Paratyphoid C	• • •	• • • •	$\frac{2}{3}$	1	$\frac{2}{3}$	•••
(e) Type not defined 2. Typhus (Tropical)	• • •	21	200	$\frac{1}{19}$	221	9
3. Relapsing fever	• • •		200	10		
4. Undulant fever (Malta fever)						
5. Malaria—	• • • •					
(a) Tertian		94	3,192	45	3,286	75
(b) Quartan $\dots \dots$		26	371	7	397	7
(c) Aestivo-autumnal		212	7,721	399	7,933	157
(d) Mixed infection		15	503	41	518	18
(e) Undefined microscopically	•••	80	2,369	93	2,449	53
(f) Cachexia $(g)$ Black-water fever		91	$\begin{array}{c} 2,293 \\ 14 \end{array}$	$\begin{array}{c c} 106 \\ \hline 3 \end{array}$	2,384	58 1
6 A Smallner	• • •					1
B.—Alastrim						
7. Measles		4	104		108	5
8. Scarlet fever			• • •			
9. Whooping cough			35	2	35	1
10. Diphtheria	• • •	13	168	40	181	3
11. Influenza	• • •	34	3,237	12	3,271	49
12. Miliary fever	• • •	• • • •		• • • •	42	
13. Mumps	•••	•••	42	•••		1
15 Enidomia diambora	• • •	• • • •	• • • •	•••	•••	•••
16. Dysentery—	•••	•••	•••	•••	•••	
(a) Amœbic		44	687	80	731	17
(b) Bacillary		38	599	148	637	19
(c) Undefined or due to o	ther					
causes	• • •	7	161	27	168	4
17. Plague—						
(a) Bubonic $(b)$ Pneumonic	• • •	•••	•••	•••	••	•••
) - \ O - 1 · · -	• • •	•••	•••	• • • •	, ,,,	•••
(c) Septicemic $(d)$ Undefined		••	•	• • •	• • • • • • • • • • • • • • • • • • • •	•••
18. Yellow fever					•••	
19. Leptospirosis			19	7	19	
20. Leprosy		6	274	1	280	8
21. Erysipelas		4	61	14	65	2
22. Acute poliomyelitis	• • •		. 8	•••	8	2
23. Encephalitis lethargica		4	4		8	$\frac{2}{1}$
24. Epidemic cerebro-spinal fever 25. Other epidemic diseases—	• • • •	• • • •	11	10	11	1
(a) Rubella (German measles)	)					
(b) Varicella (chicken-pox)		10	185	•••	195	6
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )						
	-		VIII			

FOR THE TE	116 13	- (cont.	· )		
	d	Yearly	total.		_
	Remaining in hospital at end of 1931.	ż		<i>∞</i> •	g in
Diseases.	uining ital at of 1931	ior		al case treated	19: 19:
22100000,00	pit of	liss	shs	l c	ain pita of
	Semaining hospital at end of 1931	Admissions.	Deaths.	Total cases treated.	Remaining i hospital at end of 1932.
	1870		A	H	M 2 0
I.—EPIDEMIC, ENDEMIC, AND INFECTIOUS					
DISEASES—(cont.)					
Other epidemic diseases—(cont.)					
(c) Kala-azar					
(d) Phlebotomus fever					•••
(e) Dengue	2	43		45	
(f) Epidemic dropsy			•••	•••	
(g) Yaws	12	222	• • •	234	19
(h) Trypanosomiasis		1	•••	1	
26. Glanders			•••		
27. Anthrax	,	•••		•••	
28. Rabies		1	1	1	
29. Tetanus	3	96	72	99	1
30. Mycosis 31. Tuberculosis, pulmonary and laryn-	1	2	• • •	3	• • • •
	259	1,829	919	2,088	217
32. Tuberculosis of the meninges or	200	1,625	919	2,000	211
central nervous system	1	19	15	20	
33. Tuberculosis of the intestines or		1	10	20	• • • • • • • • • • • • • • • • • • • •
peritoneum	1	39	28	40	
34. Tuberculosis of the vertebral				.•	
column	5	25	6	30	7
35. Tuberculosis of bones and				,	
joints	17	50	8	67	16
36. Tuberculosis of other organs—					
(a) Skin or subcutaneous tissue	0			10	
(lupus) $(b)$ Lymphatic system	$\begin{vmatrix} 2 \\ 7 \end{vmatrix}$	8		$\begin{array}{c} 10 \\ 35 \end{array}$	1
(a) Canita universa	1	28 8	5 1	9	1
(d) Other organs	1	14	5	14	1
37. Tuberculosis disseminated—	• • •	1.2	0	1.1	1
(a) Acute		20	16	20	1
(b) Chronic		1		. 1	• • •
38. Syphilis—					
(a) Primary	44	475	•••	519	24
(b) Secondary	85	773	4	858	56
(c) Tertiary	55	354	45	409	37
(d) Hereditary	4	88	45	$\frac{92}{20}$	3
(e) Period not indicated	16	26	2	30	3
39. Soft chancre 40. A.—Gonorrhœa and its complica-	16	290	•••	306	19
tions	87	1,378	$_2$	1,465	60
B.—Gonorrhœal ophthalmia	7	74		81	4
C.—Gonorrheal arthritis	29	236	• • •	265	$2\overline{4}$
D.—Granuloma venereum	5	18		$\overline{23}$	
41. Septicæmia	1	114	100	115	2
42. Other infectious diseases—					
Filariasis		4		4.	
Tsutsugamushi fever (Japanese					
river fever)	• • •	3	1	3	• • •

## Table III—(cont.)

Remaining in hospital at end of 1931.  Total cases treated.	Kemaining in hospital at end of 1932.
	ming 11 tal at f 1932.
Remair hospit end of Deaths.	Kemanning hospital at end of 1933
II.—GENERAL DISEASES NOT	
MENTIONED ABOVE.	
43. Cancer or other malignant tumours of the buccal cavity 8 43 21 51	- 3
of the buccal cavity 8 43 21 51 44. Cancer or other malignant tumours	0
of the stomach or liver 8 89 58 97	3
45. Cancer or other malignant tumours	. 0
of the peritoneum, intestines, rectum 3 22 13 25	
46. Cancer or other malignant tumours	
of the female genital organs 4 74 18 78	1
47. Cancer or other malignant tumours	
of the breast 14 4 14	
48. Cancer or other malignant tumours	
of the skin 37 6 37	3
49. Cancer or other malignant tumours	1.1
of organs not specified 8 97 43 105 50. Tumours non-malignant 7 129 6 136	14
	5 1
*9 Character 10 199 199	7
52. Chronic rheumatism 10 128 138 53. Scurvy (including Barlow's disease) 7 7	•
54. Pellagra	
55. Beri-beri 114 574 47 688	71
56. Rickets 3 5 1 8	
56A. Other deficiency diseases 4 4	
57. Diabetes mellitus 7   126   15   133	9
58. Anæmia –	
(a) Pernicious 2 27 7 29	4
(b) Other anemias and chlorosis   65   1,059   237   1,124	56
59. Diseases of the pituitary body	• • •
60. Diseases of the thyroid gland	1
(a) Exophthalmic goitre145(b) Other diseases of the thyroid	1
aland manadama ata	
61. Diseases of the para-thyroid glands	•••
62. Diseases of the thymus	
63. Diseases of the supra-renal glands	
64. Diseases of the splece 1 40 6 41	1
65. Leukæmia—	
(a) Myelogenous 6 6	• • •
(b) Lymphatic 3 3	• • •
(c) Undefined	
65A. Hodgkin's disease (lymphadenoma) 7 2 7	1
	1
66. Alcoholism 1 36 37 67. Chronic poisoning by mineral sub-	• • •
stances (lead, mercury, etc.) 3 28 4 31	2
68. Chronic poisoning by organic sub-	
stances (morphia, cocaine, etc.) 1 105 106	2
69. Other general diseases –	
(a) Auto-intoxication 4 4 4 4	
(b) Purpura hæmorrhagica 1 1	
(c) Hæmophilia 4 4	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
(e) Other S 60 7 68	1

The company			`	<u>,                                     </u>		
The content of the property		in .	Yearly t	otal.		· ii.
Name		age age	ns.		S.	ان جد
Name	Diseases.	iii E	sio		ass.	.ia 25
Name		prit of	nis	ths	al c	iai Pot
Name		hos	g	ea	ots	hos and
System and Organs of the Sense.		M	T V	<u> </u>	E + 1	27 9
System and Organs of the Sense.						
70. Encephalitis (not including encephalitis lethargica)						
Cephalitis lethargica   Comparison   Compa	SYSTEM AND ORGANS OF THE SENSES.					
Cephalitis lethargica   Comparison   Compa	70. Encephalitis (not including en-					
71. Meningitis (not including tuber culous meningitis)			9	7	9	
Culous meningitis or cerebro-spinal meningitis   1	71. Meningitis (not including tuber-					
meningitis)	culous meningitis or cerebro-spinal					
73. Other affections of the spinal cord 74. Apoplexy—  (a) Haemorrhage	meningitis)	1	31	23	32	1
74. Apoplexy—       (a) Haemorrhage        60       46       60       2         (b) Embolism        1       2       34       6       6       3       6       6       3       6       6       3       6       6       3       6       6       3       6       6       3       6       6       3       6       6       3       6       6       3       6       6       3       6       6       3       6       6       3       6       6       2				6	33	
(a) Hæmorhage          60         46         60         2           (b) Embolism          1         1         1             (c) Thrombosis           6         3         6            75. Paralysis—           6          3          6            (a) Hemiplegia           41         101         23         142         34           (b) Other paralyses          30         71         5         101         21           76. General paralysis of the insane          3          3          3            77. Other forms of mental alieuation         13         617          630         6           78. Epilepsy           8         11         4         11            79. Convulsions (non-puerperal) 5 years           11         4         11             70. Convulsions (see         XII           11         2		11	35	6	46	8
(b) Embolism (c) Thrombosis						
(c) Thrombosis	(a) Hæmorrhage		1			2
(c) Thrombosis	(b) Embolism		)			
(a) Hemiplegia       41       101       23       142       34         (b) Other paralyses       30       71       5       101       21         76. General paralysis of the insane       3       3       3       3         77. Other forms of mental alienation       13       617       630       6         78. Epilepsy       8       110       3       118       5         79. Convulsions (non-puerperal) 5 years or over       11       4       11       11       4       11          80. Infantile convulsions (see XII) Diseases of Infancy)       12       2       3        34         4       3       4          4       3       4 <td>(c) Thrombosis</td> <td></td> <td>6</td> <td>3</td> <td>6</td> <td></td>	(c) Thrombosis		6	3	6	
(b) Other paralyses         30         71         5         101         21           76. General paralysis of the insane         3         3         3         3           77. Other forms of mental alienation         13         617         630         6           78. Epilepsy           8         110         3         118         5           79. Convulsions (non-puerperal) 5 years or over           8         110         3         118         5           80. Infantile convulsions (see XIII Diseases of Infancy)           4         3         4           81         4           3           3           3            4         1         1 </td <td></td> <td></td> <td>101</td> <td></td> <td>1.0</td> <td></td>			101		1.0	
76. General paralysis of the insane        3        3        3        630       6         77. Other forms of mental alieuation        13       617        630       6         78. Epilepsy         8       110       3       118       5         79. Convulsions (non-puerperal) 5 years or over         11       4       11          80. Infantile convulsions (see XII Diseases of Infancy)         4       3       4          81. Chorea         1       2        3          82. A.—Hysteria         34        34        34        34        3        8       1.2        3         82				1		1
77. Other forms of mental alienation   13	(b) Other paralyses	1		5		21
78. Epilepsy         8       110       3       118       5         79. Convulsions (non-puerperal) 5 years or over         11       4       11          80. Infantile convulsions (see X11) Diseases of Infancy)         4       3       4          81. Chorea          4       3       4          82. A.—Hysteria          34         34         34	77. Other forms of montal clienties			• • •		1
79. Convulsions (non-puerperal) 5 years or over		ę.				
or over           11         4         11            80. Infantile convulsions (see XII Diseases of Infancy)          4         3         4            81. Chorea          1         2          3            82. A.—Hysteria            34          34            B.—Neuritis            62          62         2           D.—Neuralgia            62          62         2           D.—Neuralgia            62          62         2           D.—Neuralgia               14         15 <td></td> <td>0</td> <td>110</td> <td>ð</td> <td>110</td> <td>О</td>		0	110	ð	110	О
80. Infantile convulsions (see X11 Diseases of Infancy)			11	4.	11	
Diseases of Infancy	80 Infantile convulsions (see XII	• • • •	11	<b>.</b>	11	• • • •
81. Chorea         34        34          82. A.—Hysteria         34        34          B.—Neuritis          62         62       2         D.—Neuralgia         4       145        149       1         83. Cerebral softening         4       145        149       1         83. Cerebral softening         4       145        149       1         83. Cerebral softening         1       2       2       3          84. Other affections of the errorus <td< td=""><td></td><td></td><td>4</td><td>3</td><td>4.</td><td></td></td<>			4	3	4.	
82. A.—Hysteria        34        34          B.—Neuritis        8       143       1       151       13         C.—Neurasthenia        62        62       2         D.—Neuralgia        4       145        149       1         S3. Cerebral softening        1       2       2       3          84. Other affections of the nervous system         5       53       2       58       5         85. Affections of the organs of vision—		(				
B.—Neuritis						
C.—Neurasthenia        62        62       2         D.—Neuralgia        4       145        149       1         83. Cerebral softening         1       2       2       3          84. Other affections of the nervous system         5       53       2       58       5         85. Affections of the organs of vision—			143	1	151	13
83. Cerebral softening       1       2       2       3          84. Other affections of the nervous system         5       53       2       58       5         85. Affections of the organs of vision—	C.—Neurasthenia	• • •	62		62	2
84. Other affections of the nervous system						1
system          5       53       2       58       5         85. Affections of the organs of vision—		1	2	2	3	
85. Affections of the organs of vision—		_			~ ~	
(a) Conjunctivitis       21       374        395       9         (b) Trachoma        16       113        129       16         (c) Tumours of the eye        2        2       1         (d) Other affections of the eye       136       895        1,031       76         86. Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       1       2       15       23       1         87. Pericarditis          3       39       22       42       1         88. Acute endocarditis or myocarditis       3       39       22       42       1         89. Angina pectoris         2       73       37       75       1         Tricuspid <td></td> <td>5</td> <td>53</td> <td>2</td> <td>58</td> <td>5</td>		5	53	2	58	5
(b) Trachoma       16       113       129       16         (c) Tumours of the eye       2       2       2       1         (d) Other affections of the eye       136       895       1,031       76         86. Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       1       22       15       23       1         88. Acute endocarditis or myocarditis       3       39       22       42       1         89. Angina pectoris         3        3          90. Other diseases of the heart—        2       73       37       75       1         Tricuspid         1       1       1       2		0.1	974		20-	
(c) Tumours of the eye        2        2       1         (d) Other affections of the eye        136       895        1,031       76         86. Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus       14       22       15       23       1         87. Pericarditis          3       39       22       42       1         89. Angina pectoris          3        3        3           3		1	1	•••	1	
(d) Other affections of the eye       136       895        1,031       76         86. Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the ear or mastoid sinus         87. Pericarditis        1       22       15       23       1         88. Acute endocarditis or myocarditis       3       39       22       42       1         89. Angina pectoris         3        3          90. Other diseases of the heart—	(b) Trachoma					
86. Affections of the ear or mastoid sinus       14       263       1       277       10         IV.—Affections of the Circulatory System.       1       22       15       23       1         87. Pericarditis		1				
IV.—Affections of the Circulatory System.         87. Pericarditis			1			1
System.       1       22       15       23       1         88. Acute endocarditis or myocarditis       3       39       22       42       1         89. Angina pectoris         3        3          90. Other diseases of the heart—	of Theorems of the car of mastore sinus	TT	200	1	211	10
System.       1       22       15       23       1         88. Acute endocarditis or myocarditis       3       39       22       42       1         89. Angina pectoris         3        3          90. Other diseases of the heart—	IV.—Affections of the Circulatory					
87. Pericarditis        1       22       15       23       1         88. Acute endocarditis or myocarditis       3       39       22       42       1         89. Angina pectoris         3        3          90. Other diseases of the heart—         (a) Valvular—        16       172       54       188       7         Aortic        2       73       37       75       1         Tricuspid         1       1       1       2          Pulmonary						
88. Acute endocarditis or myocarditis       3       39       22       42       1         89. Angina pectoris         3        3          90. Other diseases of the heart—		1	22	15	23	1
89. Angina pectoris        3        3          90. Other diseases of the heart—		3	39	22		
90. Other diseases of the heart— (a) Valvular—  Mitral 16 172 54 188 7 Aortic 2 73 37 75 1 Tricuspid 1 1 1 2  Pulmonary	89. Augina pectoris		3		3	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	90. Other diseases of the heart—					
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$						
Tricuspid 1 1 1 2 Pulmonary 1 22 8 23 2 (b) Myocarditis 16 271 143 287 16 (c) Functional 4 4		1				
Pulmonary			1			
$egin{array}{ c c c c c c c c c c c c c c c c c c c$		1	1	1	2	•••
(b) Myocarditis 16 271 143 287 16 (c) Functional 4 4	. TT 3-C 3	1			1	
(c) Functional 4 4						
		}	1		1 .	
			1			
	(6) 001161		10	**		

FOR THE YF	LAK 19	32(cont	•)		
	u	Yearly	total.		u
Diseases.	Remaining i hospital at end of 1931.	Admissions.	Deaths.	Total cases treated.	Remaining i hospital at end of 1932.
IV.—Affections of the Circulatory System—(cont.)  91. Diseases of the arteries— (a) Aneurism (b) Arterio-sclerosis (c) Other diseases  92. Embolism or thrombosis (non cerebral)  93. Diseases of the veins— (a) Hæmorrhoids (b) Varicose veins (c) Phlebitis (c) Phlebitis  94. Diseases of the lymphatic system— Lymphangitis Lymphadenitis, bubo (non specific)  95. Hæmorrhage of undetermined	2 2 2 2  4  2	10 31 6 7 207 7 13 41 300	4 8 1 2 	12 33 8 7 211 7 15 41 333	 1 1 7 
cause	·	7	3	7	
96. Other affections of the circulatory system		9	1	9	1
V.—Affections of the Respiratory System.  97. Diseases of the nasal passages—			1.		
(a) Adenoids (b) Polypus (c) Rhinitis (d) Coryza (e) Other	1  1 2 2	10 19 30 130 35		11 19 31 132 37	   3
Laryngitis Others	1	43	6	44	
99. Bronchitis—  (a) Acute  (b) Chronic  100. Broncho-pneumonia  101. Pneumonia—	48 39 25	1,370 768 723	19 33 317	1,418 807 748	23 46 20
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	37	1,010	444 22	1,047	15 3
102. Pleurisy—  (a) Dry pleurisy  (b) Pleural effusion  (c) Empyema  103. Congestion of the lungs  104. Gangrene of the lungs  105. Asthma  106. Pulmonary emphysema  107. Other affections of the lungs—	8 8 1 1  32 1	164 64 35 8 16 703 3	2 12 11 1 15 4 	172 72 36 9 16 735 4	7 5 3 1  32 2
(a) Pulmonary spirochaetosis (b) Other	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	50	13	$\begin{bmatrix} 2 \\ 52 \end{bmatrix}$	2

	d	Yearly	total.		ii .
	g in at :	ns.		<b>%</b>	art 32.
Diseases,	Remaining i hospital at end of 1931.	Admissions	ž	Total cases treated.	Remaining i hospital at end of 1932.
	mai ospi	mis	Deaths.	tal	maj ospi id o
	Re pro	Ad	De	To tr	Be pi
VI.—DISEASES OF THE DIGESTIVE SYSTEM.					
108. A.—Diseases of teeth or gums—					
Caries, pyorrhœa, etc	4	294	1	298	1
B.—Other affections of the mouth—					_
(a) Stomatitis	3	64		67	3
(b) Cancrum oris $(c)$ Glossitis		11 14	8	$\begin{array}{c} 11 \\ 14 \end{array}$	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1	29	1	30	
109. Affections of the pharynx or					
tonsils—					
(a) Tonsillitis	$\frac{5}{2}$	290	$\frac{2}{1}$	$\begin{array}{c} 295 \\ 147 \end{array}$	1 1
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2	$\begin{array}{c c} 145 \\ 38 \end{array}$	$\begin{array}{c c} 1 \\ 1 \end{array}$	$\begin{array}{c} 147 \\ \hline 38 \end{array}$	$\frac{4}{38}$
110. Affections of the esophagus	2	25	$\frac{1}{2}$	27	3
111. A.—Ulcer of the stomach	13	179	30	192	15
B.— " duodenum	9	99	9	108	4
112. Other affections of the stomach— (a) Gastritis	13	480	1	493	12
(a) Gastrius $(b)$ Dyspepsia, etc	5	257		$\frac{4.00}{262}$	7
(c) Other		58	5	58	3
113. Diarrhœa and enteritis (in children					_
under two years of age)	9	325	122	<b>3</b> 34	5
114. A.—Diarrhœa and enteritis (in patients over two years of age)	27	1,003	99	1,030	29
B.—Colitis	3	37		40	
C.—Sprue	8	105	13	113	5
115. Ankylostomiasis	36	820	8	856	28
116. Diseases due to intestinal parasites—					
(a) Cestoda (tænia)					
(b) Trematoda (flukes)	• • •			•••	
(c) Nematoda (other than anky-					
lostoma)—	35	1.07=	7	1 910	10
Ascaris Trichocephalus dispar		1,275 . $4$	'	1,310 4	18 1
Trichina	• • •				
Dracunculus	• • •	4	•••	4	
Strongylus	• • •				•••
$egin{array}{ccccc}  ext{Oxyuris} & \dots & \dots & \dots \\  ext{$(d)$ Coccidia} & \dots & \dots & \dots \\ \end{array}$	•••	3	•••	3	• • •
(a) Coccidia $(e)$ Other parasites		2		$\frac{\cdots}{2}$	• • •
(f) Unclassified		, 6		6	• • •
117. Appendicitis	10	246	14	256	8
118. Hernia	11	237	5	248	7
119. A.—Affections of the anus, fistula, etc	11	204		215	7
B.—Other affections of the intes-		201			·
tines					
(a) Enteroptosis		2		460	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$egin{array}{c} 4 \ 2 \end{array}$	$\begin{array}{c} 456 \\ 352 \end{array}$	•••	$\begin{array}{c} 460 \\ 354 \end{array}$	<b>5</b> 4
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		98	29	98	4

FOR THE YEAR 1932—(cont.)						
	ii.	Yearly t	otal.		in .	
	Remaining i hospital at end of 1931.	ns.		SS	Remaining i hospital at end of 1932.	
Diseases.	fall f 19	Admissions	Š	Total cases treated.	tal f 15	
	mai ospi	mis	Deaths.	eat	maj spi	
2	Re- hc	Ad	De	Tot	Re. hc	
	1					
VI.—DISEASES OF THE DIGESTIVE			-			
System(cont.)			-		•	
120. Acute yellow atrophy of the liver	1	2	2	3		
121. Hydatid of the liver				•••		
122. Cirrhosis of the liver—		1.0	<del></del>	10		
(a) Alcoholic $(b)$ Other forms	38	$\begin{array}{c c} & 13 \\ \hline 290 \end{array}$	$\begin{array}{c} 7 \\ 118 \end{array}$	$\begin{array}{c} 13 \\ 328 \end{array}$	21	
123. Biliary calculus		6		6		
124. Other affections of the liver—						
(a) Abscess	5	56	16	61	1	
(b) Hepatitis $(c)$ Cholecystitis	$\frac{9}{2}$	143 69	$\frac{1}{9}$	$\begin{array}{c c} & 152 \\ \hline & 71 \end{array}$	$\frac{6}{1}$	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\frac{2}{2}$	124	12	126	5	
(e) Other		24	2	$\frac{120}{24}$		
125. Diseases of the pancreas	•••	7	3	7	•••	
126. Peritonitis (of unknown cause)	3	79	48	82	2	
127. Other affections of the digestive system	1	24		25		
		24	•••	20	•••	
WII Day						
VII.—DISEASES OF THE GENITO- URINARY SYSTEM (NON-VENEREAL).						
198 Aguto nonhuitia	. 22	215	69	237	13	
129. Chronic nephritis	42	478	162	520	$\frac{13}{42}$	
130. A.—Chyluria						
B.—Schistosomiasis	٠			•••		
131. Other affections of the kidneys	7	901	25	990		
(pyelitis, etc.) 132. Urinary calculus	10	221 59	$\begin{array}{c} 35 \\ 1 \end{array}$	228 -69	8 3	
133. Diseases of the bladder (cystitis,			•	-03	U	
etc.)	_ 5	139	11	144	6	
134. Diseases of the urethra—	0	, m		00		
(a) Stricture (b) Other	6 7	$\begin{array}{ c c c }\hline & 74 \\ & 148 \\ \hline \end{array}$	•••	80 155	$\frac{3}{8}$	
135. Diseases of the prostate—		140	•••	100	3	
(a) Hypertrophy		4		4	•••	
(b) Prostatitis		13	•••	13	2	
136. Diseases (non-venereal) of the genital organs of man—		10.		1 -		
(a) Epididymitis		33		33		
(b) Orchitis	2	. 73		75	1	
(c) Hydrocele	5	69		- 74	· 1	
(d) Other	2	113	2	115	8	
tumours of the ovaries	3	40	1	.43	3	
138. A.—Salpingitis		77	1	78	1	
B.—Abscess of the pelvis		7		. 8		
139 Uterine tumours (non-malignant)	• • • •	34	2	34	1	
140.2 Uterine hæmorrhage (non-puer- peral)		14		14	2	
peral)		15		15		

	in T.	Yearly 1	total.		g .
	Remaining in hospital at end of 1931.	ns.		es	Remaining in hospital at end of 1932.
Diseases.	tal f 1	sio	s,	Sas.	fall fall
	nai spi d o	nis	th	al e	nai spi
	Remaining hospital at end of 1931	Admissions	Deaths,	Total cases treated.	ken hos
		1			H
WII Daniel Co. II					
VII.—DISEASES OF THE GENITO-URINARY					
System (Non-Venereal)—(cont.)					
BOther affections of the female					
genital organs—				<b>-</b> ~	
(a) Displacements of uterus	3	76	•••	79	• • •
(b) Amenorrhea		8	• • •	8	•••
(c) Dysmenorrhæa $(d)$ Leucorrhæa	3	60 76	•••	60	
(a) Oth an	8	209	7	79	$\frac{4}{9}$
142. Diseases of the breast (non-	8	209	1	217	9
puerperal)					
$(a) \text{ Mastitis} \dots \dots$	1	20		21	
(b) Abscess of breast	1	$\frac{26}{26}$	•••	$\frac{21}{27}$	2
(1) 1100000 01 010000 111		20	• • •	21	4
VIII.—PUERPERAL STATE.					
143. A.—Admitted for ante-natal					
obaumro tion	131	927		1,058	76
B.—Normal labour	132	4,342		4,474	86
C.—Difficult labour	13	278	13	291	13
D.—Accidents of pregnancy—		2.0	•		
(a) Abortion	10	221	2	231	6
(b) Ectopic gestation	. 1	17	4	18	
(c) Anæmia of pregnancy	1	77	39	78	3
(d) Other accidents of pregnancy	6	225	11	231	4
144. Puerperal hæmorrhage		16	9	16	1
145. Other accidents of parturition	5	140	25	145	7
146. Puerperal septicæmia	2	132	64	134	6
147. Phlegmasia dolens	1	1		2	•••
148. Puerperal eclampsia	4	59	21	63	1
149. Sequelæ of labour		36	2	36	2
150. Puerperal affections of the breast	•••	3	•••	3	
TT .					
IX.—Affections of the Skin and					
CELLULAR TISSUES.					
151. Gangrene	4	41	12	45	5
152. A.—Boil	3	88	1	91	5
B.—Carbuncle	7	81	3	88	$\frac{1}{co}$
153. A.—Abscess	70	1,471	12	1,541	69
B.—Whitlow	1	44	20	45	$\frac{2}{20}$
C.—Cellulitis	47	558	39	605 110	39 6
D Carbina	$\frac{6}{10}$	$\begin{array}{c c} & 104 \\ & 253 \end{array}$	•••	$\begin{array}{c c} & 110 \\ 263 \end{array}$	7
155. Other diseases of the skin—	10	200	• • • •	400	•
(a) Tweethomas		18		18	1
(1) IIntigoria	1	38	• •	39	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	18	430	•••	448	16
$(d) \text{ Herpes} \qquad \dots \qquad \dots$	1	69	•••	70	1
(e) Psoriasis		12		12	
(f) Elephantiasis		17		17	1
(g) Myiasis		•••	•••		•••
$(\check{h})$ Chigoes			•••		

FOR THE YEAR 1932—(cont.)					
	Yearly total.			_	
Diseases.	Remaining in hospital at end of 1931.	Admissions.	Deaths.	Total cases treated.	Remaining in hospital at end of 1932.
IX.—Affections of the Skin and Cellular Tissues—(cont.)				_	
Other diseases of the skin— $(cont.)$ (i) Cutaneous leishmaniasis (j) Other 155A. Chronic ulcer	 26 253	$\begin{array}{c c} 3\\ 317\\ 3,226 \end{array}$	 1 7	3 343 3,479	 19 216
X.—Diseases of Bones and Organs of Locomotion (other than Tuberculous).					
156. Diseases of bones (Osteitis, etc.) 157. Diseases of joints—	6	94	_ 1	100	5
(a) Arthritis (b) Synovitis 158. Other diseases of bones or organs	28	$\begin{array}{c c} 274 \\ 128 \end{array}$	$\frac{2}{\dots}$	302 131	20 4
of locomotion XI.—Malformations.	20	277	4	· 297	19
159. Malformations— (a) Hydrocephalus		7	4.	7	
(b) Hypospadias (c) Spina bifida (d) Other		3 27	 1 3	 30	2
XII.—DISEASES OF INFANCY.  160. Congenital debility  161. Premature birth  162. A.—Infantile convulsions  B.—Other affections of infancy  163. Infant neglect (infants of three months or over)	3 2 2 8	89 333 68 183	49 220 28 82 7	92 335 70 191	_1 _4  8
XIIIAffections of Old Age.  164. Senility—  (a) Senile dementia  (b) Senile debility		3 391	97	3 529	 89
XIV.—Affections Produced by External Causes.					
165. Suicide by poisoning 166. Corrosive poisoning (intentional) 167. Suicide by gas poisoning		20 	$egin{array}{c} 3 \\ 7 \\ \ldots \end{array}$	4 20 	
168. Suicide by hanging or strangulation 169. Suicide by drowning 170. Suicide by firearms 171. Suicide by cutting or stabbing		3	3 	3 1 	•••
instruments 172. Suicide by jumping from a height 173. Suicide by crushing	•••	2 	 	 	 

	g Yearly total.				ii
	Remaining hospital at end of 1931.	ms.		es	Remaining i hospital at end of 1932.
Diseases.	inir ital of 19	Admissions	is.	Total cases treated.	inin ital of 15
*	osb nd (	Imi	Deaths.	tal	ospi
	e h	Ac	De l	To	Re pre
XIV.—Affections Produced by					
EXTERNAL CAUSES—(cont.)					
174 Other spicides					
174. Other suicides 175. A.—Food poisoning	4	10	,	10	
B.—Botulism		1		1	•••
176. Attacks of poisonous animals—	1	90	1	00	
(a) Snake bite (b) Insect bite	1	29 53	1	$\begin{array}{c} 30 \\ 54 \end{array}$	2
177. Other poisonings	1	69	7	70	3
A.—Datura poisoning		19	• • •	19	
178 Burns (by fire)	$\begin{array}{c c} & 13 \\ & 12 \end{array}$	147	$\frac{17}{c}$	160	4
179. Burns (other than by fire) 180. Suffocation (accidental)	12	198	6	210 $1$	14
181. Poisoning by gas (accidental)					
182. Drowning (accidental)		3		3	•••
183. Wounds by firearms (war ex-	1	10	~	40	
cepted)	1	48	5	49	3
instruments	63	1,640	20	1,703	49
185. Wounds by fall	56	1,225	10	1,281	44
186. Wounds in mines or quarries	4	149	2	153	5
187. Wounds by machinery 188. Wounds by crushing (e.g., railway	2	105	1	107	4
accidents, etc.)	11	247	11	258	6
189. Injuries inflicted by animals, bites,					, and the second
kicks, etc	2	183	3	185	6
190. Wounds inflicted on active service					
191. Executions of civilians by bel-			• • •	• • •	
ligerents					
192. A.—Over fatigue			• • • •	• • •	
B.—Hunger or thirst 193. Exposure to cold, frost bite, etc		• • • •	• • • •	• ,,,	•••
194. Exposure to heat—		***	•••		
$(\hat{a})$ Heatstroke		3		3	
(b) Sunstroke		1		$\frac{1}{2}$	•••
195. Lightning stroke		3 4	•••	3 4	
196. Electric shock 197. Murder by firearms		-11		· · · ·	• • •
198. Murder by cutting or stabbing					
instruments					
199. Murder by other means 200. Infanticide (murder of an infant	1 * *	• • • • • • • • • • • • • • • • • • • •		•••	•••
under one year)					
201. A.—Dislocation	8	71		79	3
B.—Sprain	116	194	• • • • • • • • • • • • • • • • • • • •	200	2
C.—Fracture 202. Other external injuries	$\begin{array}{ c c c }\hline 116 \\ 47 \\ \end{array}$	851	83	967	93 32
202A.Concussion	1	42	1	43	3
203. Deaths by violence of unknown					
cause		• • • •		•••	
	1		1		1

Diseases.	Remaining in hospital at end of 1931.	Yearly	Deaths.	Total cases treated.	Remaining in hospital at end of 1932.
XV.—Ill-Defined Diseases.  204. Sudden death (cause unknown) 205. A.—Diseases not already specified or ill-defined—  (a) Ascites (b) Œdema (c) Asthenia (d) Shock (e) Hyperpyrexia B.—Malingering C.—Pyrexia of uncertain origin D.—Diagnosis undetermined  Total	 1  6   5 55 4,029	39 5 145 12 6 23 151 489 74,166	 18 7 3  10  6,085	40 5 151 12 6 23 156 544  78,195	4  5  10 90 3,150
NATIONALITIES.         Europeans          Eurasians          Chinese          Indians          Malays          Javanese          Others          Total	$ \begin{array}{r} 40 \\ 12 \\ 1,999 \\ 1,659 \\ 262 \\ 37 \\ 3 \\ 17 \\ \hline 4,029 \end{array} $	$   \begin{array}{r}     1,000 \\     342 \\     25,597 \\     39,605 \\     6,724 \\     458 \\     55 \\     385 \\     \hline     74,166   \end{array} $	$ \begin{array}{r} 12\\ 14\\ 3,230\\ 2,616\\ 156\\ 37\\ 6\\ 14\\ \hline 6,085 \end{array} $	1,040 354 27,596 41,264 69,886 495 58 402 78,195	28 9 1,579 1,319 181 23  11 3,150

## TABLE IV.

The Annual Return of Diseases (out-patients) treated at all Government hospitals, stationary dispensaries, and travelling dispensaries (excluding Infant Welfare Centres, and Social Hygiene and other Special clinics).

Diseases.	Male.	Female.	Total.
1.—Epidemic, endemic and infectious		21 700	9 10" 011
diseases			
11.—General diseases not mentioned above	15,906	6,117	22,023
111.—Affections of the nervous system and organs of the senses	28,817	10,317	39,134
IV.—Affections of the circulatory system			
V.—Affections of the respiratory system	42,182	13,557	55,739
V1.—Diseases of the digestive system	119,761	48,657	168,418
VII.—Diseases of the genito-urinary system			
(non-venereal)	$1,764 \dots$	3,081	4,845
VIII.—Puerperal state	1	2,748	2,749
1X.—Affections of the skin and cellular tissues	112,878	25,901	138,779
X.—Diseases of bones and organs of			ŕ
locomotion (other than tuberculosis)	5,748	1,875	7,623
X1.—Malformations	$2 \dots$	1	3
XII.—Diseases of infancy	156	85	241
XIII.—Affections of old age	1,490	549	2,039
XIV.—Affections produced by external causes	42,258	7,200	49,458
λV.—Ill-defined diseases	3,348	1,342	4,690
Total	479,196	153,482	632,678

